

CERTIFICATE OF DEATH

Infant Abbott

MARYLAND

Died at *Harper'sville* Town *Allegany* County
 Date of death *1909* *April* *13* *Age* *—* *Months* *—* *Days* *1*
 Sex *Female* Color or Race *White* Birth-place *Harper'sville*
 Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *John Abbott Jr.* Father's Birthplace *Scottsland*
 Mother's Maiden Name *Margaret Sloan* Mother's Birthplace *Basel, Pa*
 Name of person giving information *Mrs John Abbott* How related to deceased *Mother*

CAUSES OF DEATH

150

Primary *Congenital defect in Circulation* How long *one day*
 Immediate *Heart failure "Blue baby"* How long *one day*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

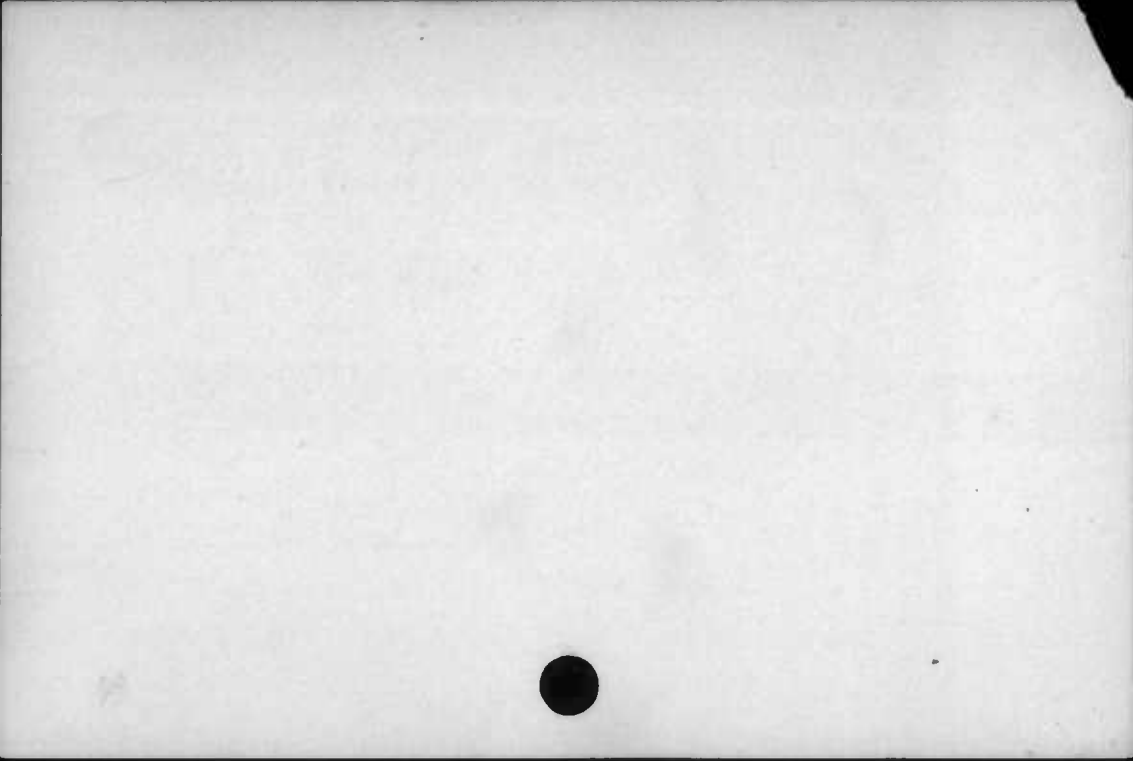
James A. Bullock, M.D.
Lawsoning Md

Accident or Suicide?

no —

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Infant Abbott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

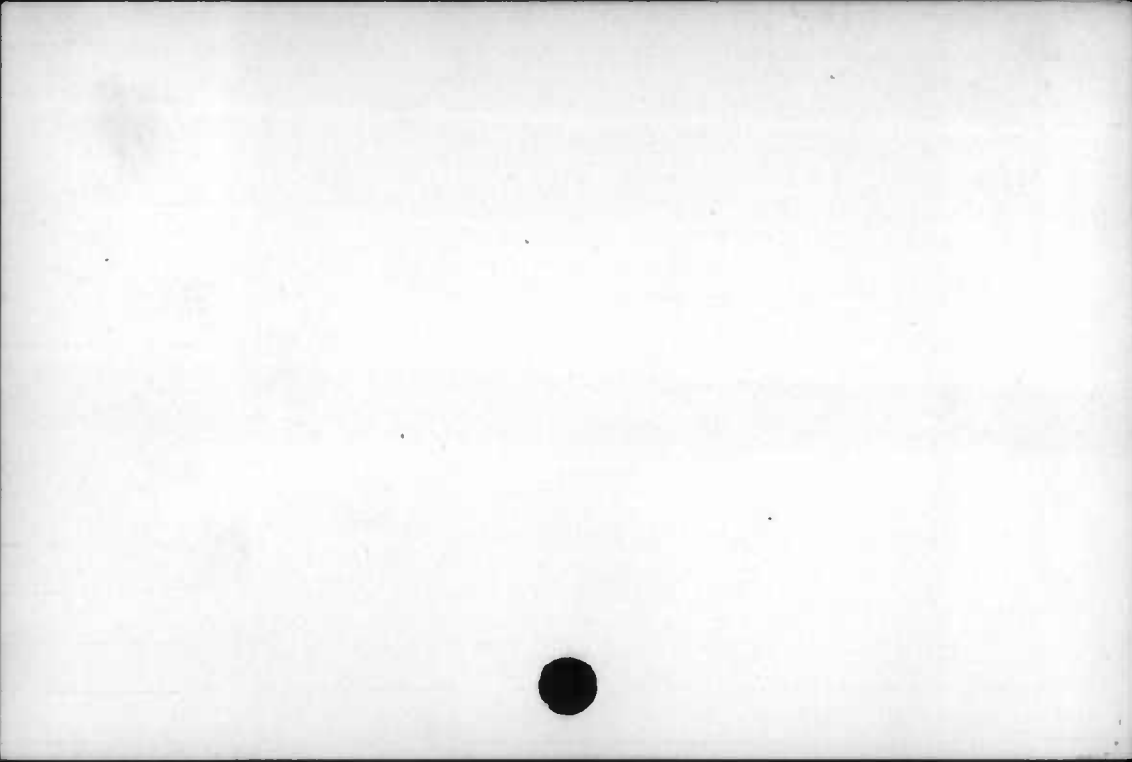
Died at <i>Harpersville</i> Town		County <i>Allegheny</i>		MARYLAND		
Date of death <i>1909</i>	Month <i>June</i>	Day <i>12</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harpersville</i>			
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>John Abbott Jr.</i>		Father's Birthplace <i>Scotland</i>		Mother's Birthplace <i>Barclay, Penn.</i>		
Mother's Maiden Name <i>Margaret Sloan</i>		How related to deceased <i>Mother</i>				
Name of person giving information <i>Mrs John Abbott</i>						

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary <i>Conjunctival defects -</i>	How long <i>—</i>
Immediate <i>Umbilical Hemorrhage</i>	How long <i>Half one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullen, M.D.</i>
	Address <i>Lancaster, Pa.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Jones Andrews

Town

County

Died at

Barton

Allegheny

MARYLAND

Date

of death

1909

Month

April

Day

7

Age

77

Months

8

Days

✓

Sex

Female

Color or
Race

white

Birth-
place

England

Occupation

H.W.

Where Residing if not
at place of deathMarried, Single
or Widowed

widowed

Name of Wife or
Husband

Joseph Andrews

Father's
Name

Joseph Jones

Father's
Birthplace

England

Mother's
Maiden Name

Mary Golden

Mother's
Birthplace

England

Name of person giving
Information

Robert Andrews

How related
to deceased

Son

CAUSES OF DEATH

90

Primary

Bronchitis

How long

two weeks

Immediate

Abscess of lung

How long

one week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

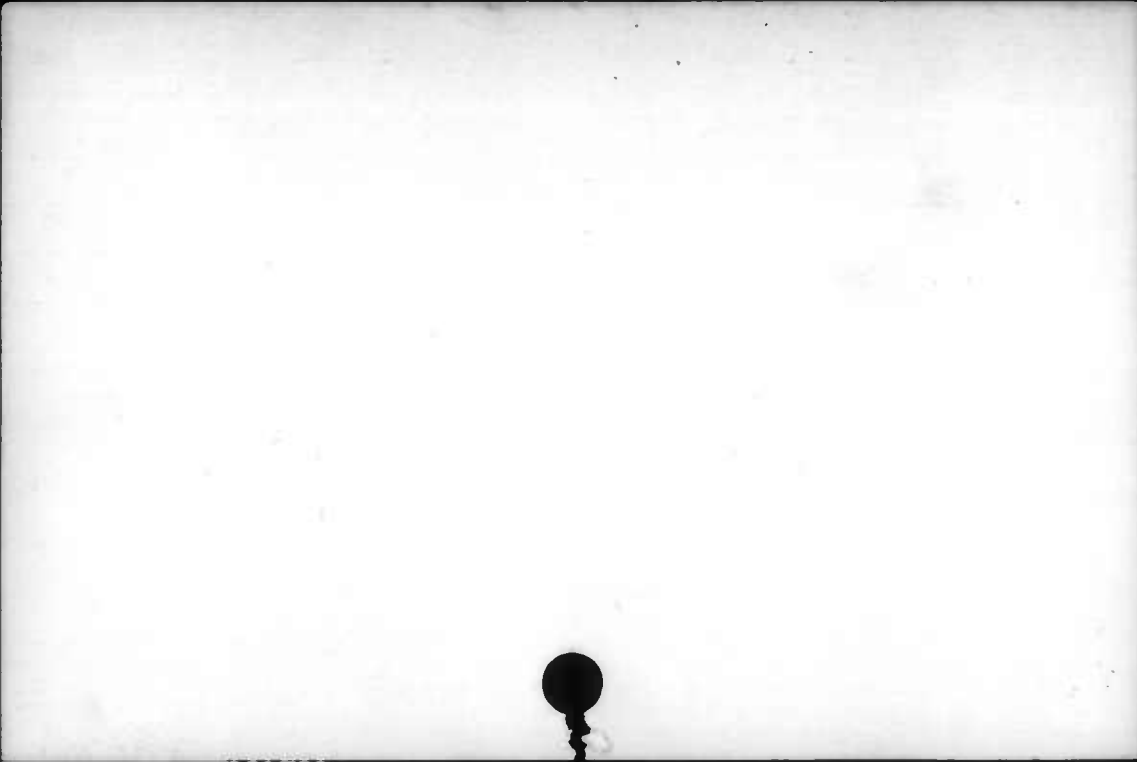
Address

St Boncher

Barton Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Benjamin H Bates Jr

CERTIFICATE OF DEATH

Died at <i>Cumberland alley</i>		County <i>Town</i>		MARYLAND	
Date of death <i>1909 Apr. 17</i>		Age <i>5</i>		Months <i>5</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Cumberland</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Jayette Sr</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Benjamin H Bates Jr</i>		Father's Birthplace <i>Cumberland</i>			
Mother's Maiden Name <i>Annie March</i>		Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Annie March</i>		How related to deceased <i>Mother</i>			

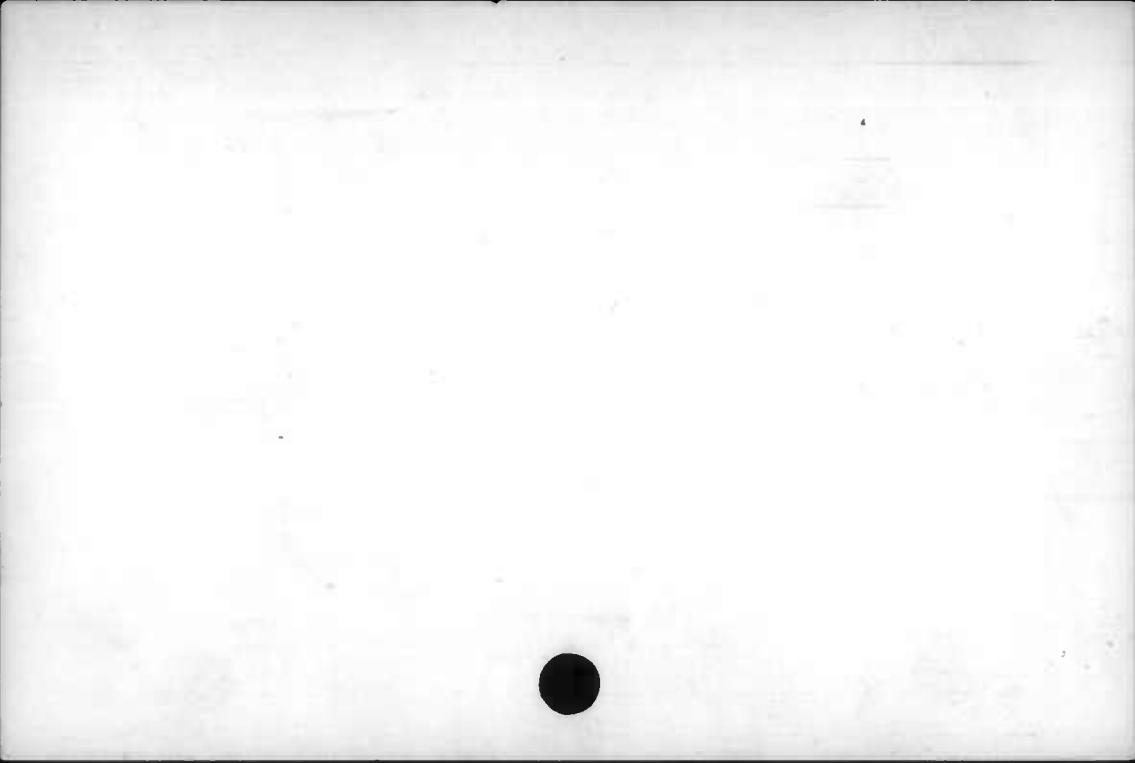
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

108

Primary <i>Hernia</i>	How long <i>Since Birth</i>
Immediate <i>Strangulated Hernia</i>	How long <i>three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. W. Dimming</i>
<i>Strain</i>	Address <i>68 Fayette St Cumberland Md</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

Merleth E. Beale

CERTIFICATE OF DEATH

Died at Cumberland Allegany MARYLAND
Date of death 1909 Apr 29 Age 1 Months 1 Days 21
Sex Female Color or Race White Birth-place Cumberland
Occupation none Where Residing if not at place of death -

Married, Single or Widowed -Name of Wife or Husband -

Father's Name

Cleveland Beale

Father's Birthplace

Cumberland

Mother's Maiden Name

Agnes Stoll

Mother's Birthplace

Pa

Name of person giving Information

Agnes Beale

How related to deceased

Mother

CAUSES OF DEATH

92

Primary

Measles Meningitis

How long

2 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

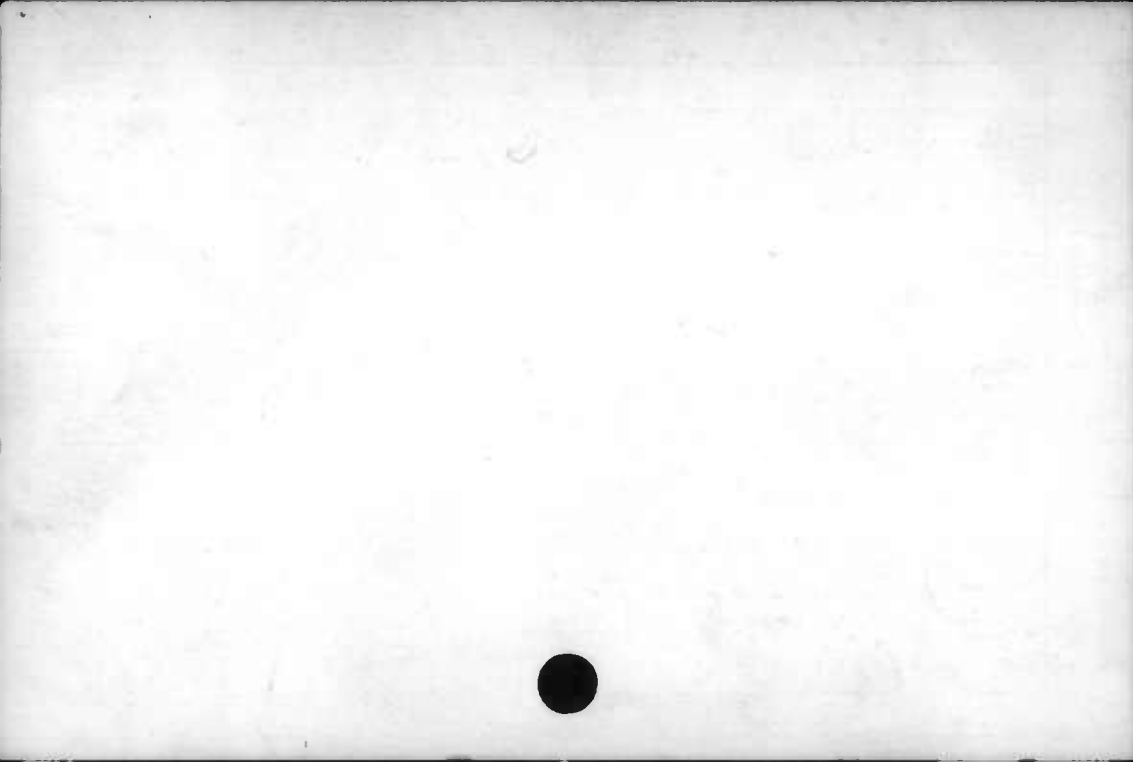
Signature of Physician

Chas. H. Fawcett

Address

Cumbersland
MD

Accident or Suicide



Name
in
Full

William Chester Beall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberland		Allegheny		MARYLAND	
Date of death		1909	Apr	17	Age	2	10
Sex	Male	Color or Race	White	Birth-place	Cumberland		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband	None		
Father's Name	S. W. Beall			Father's Birthplace	Md		
Mother's Maiden Name	Payline Smith			Mother's Birthplace	Md		
Name of person giving Information	S. W. Beall			How related to deceased	Father		

CAUSES OF DEATH

27

Primary	Tuberculosis	How long	3 months
Immediate	Exhaustion	How long	24 hrs.

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

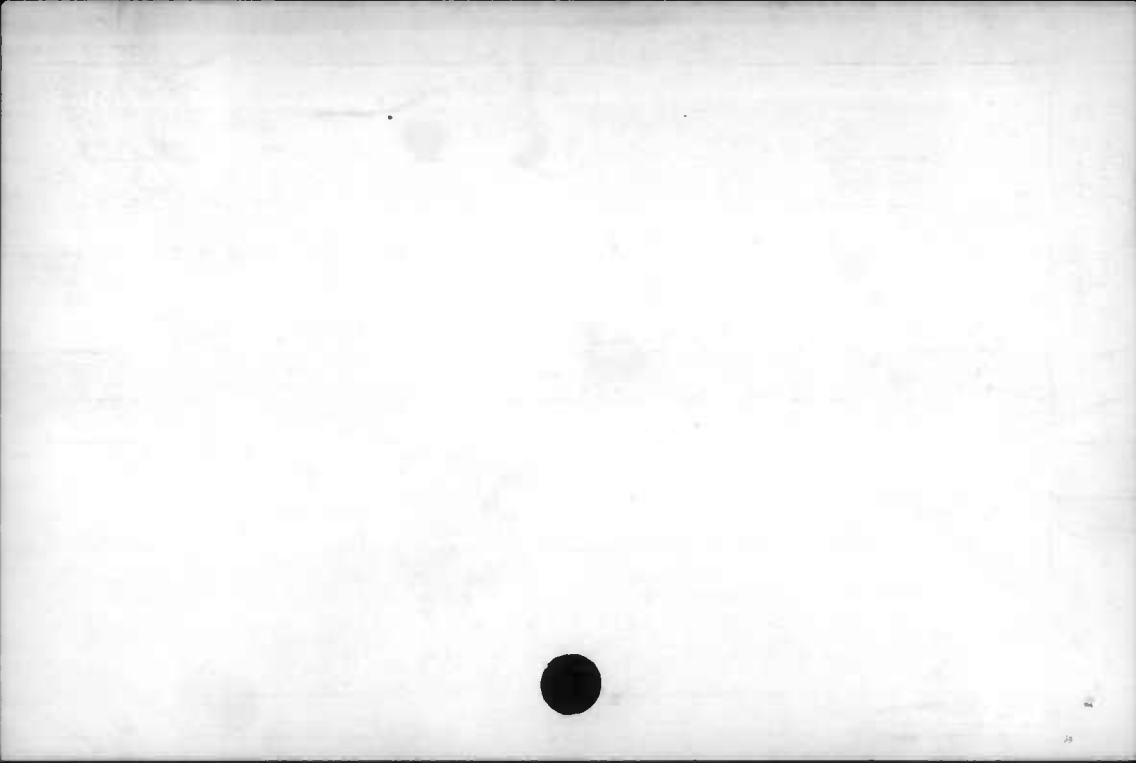
T. B. M. ^{MD} J. M. a. C. J.
Cumberland Md.

Address

Stem.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

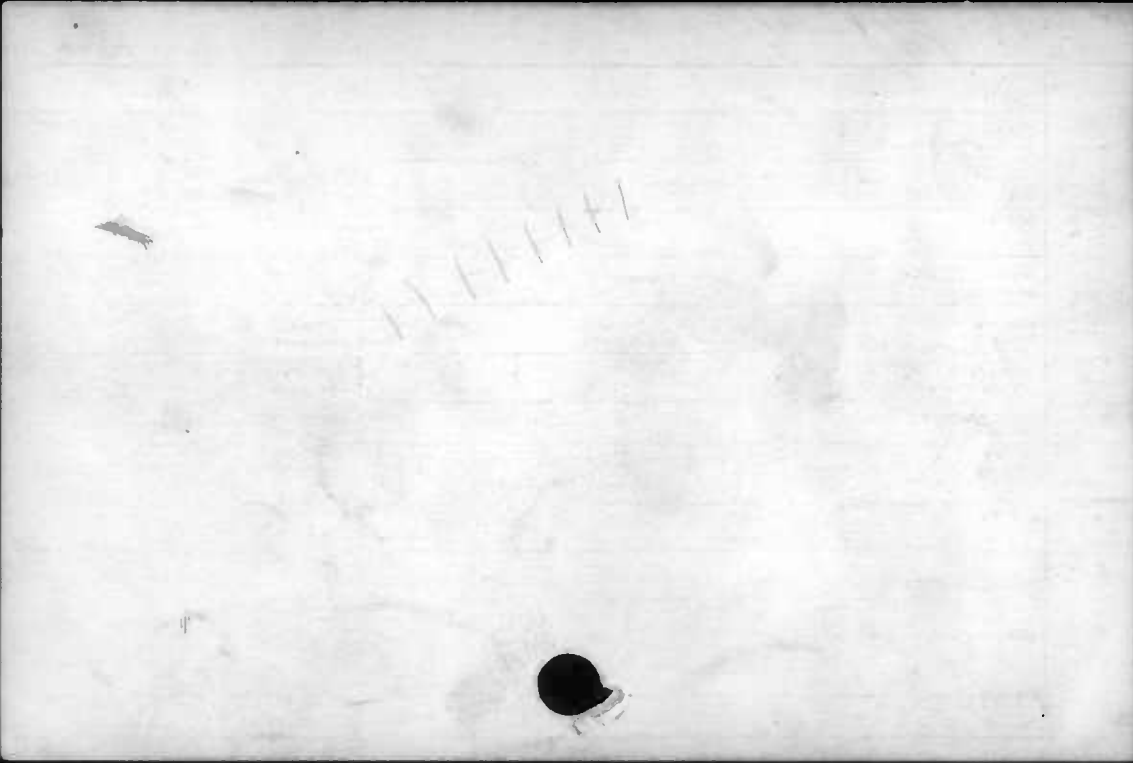
Name John Berkner County Allegheny
Died at Cumberland Maryland
Date of death 1909 Apr. 9 Month 9 Day 73 Years 8 Months — Days
Sex Male Color or Race White Birth-place Germany
Occupation Cabinet Maker Where Residing if not at place of death —
Married, Single or Widowed Married Name of Wife or Husband Barbra Berkner
Father's Name Lenora Berkner Father's Birthplace Germany
Mother's Maiden Name Catherine Kroe Mother's Birthplace Germany
Name of person giving Information Barbra Berkner How related to deceased Wife

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary Inebriety How long Second month
Immediate Exhaustion How long 6 weeks
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician J. M. Spear
Address Cumberland Md
1 Steu
Resident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William Bishop* Town *Flintstone* County *Allegheny* MARYLAND

Died at *Flintstone*

Date of death 190*9* Month *April* Day *18* Age *80* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Fulton Co. Pa*

Married, Single or Widowed *Widowed* Occupation *Farmer*

Name of Wife or Husband *Barbara Bishop*

Father's Name *Col. Bishop* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *C. E. Goben* How related to deceased *None*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Infermities of old age* How long *9 days*

Immediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. P. Twigg*

Address *Flintstone Md*

Accident or Suicide? *None*

155
155
—
0

My John R. O. L.

Name
in
Full

Treeman Bowman

CERTIFICATE OF DEATH

Died at *New Cumberland* ^{Town} *Alley* ^{County}

MARYLAND

Date of death 190 ^{Month} *9* ^{Day} *Apr.* ^{Years} *18* Age *62* ^{Months} *0* ^{Days} *0*

Sex *Male* Color or Race *White* Birth-place *Bedford Co.*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Don't know*

Father's Name *Do not know* Father's Birthplace *D. K.*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving Information *Phillip Mc Efeish* How related to deceased *None*

CAUSES OF DEATH

Primary *Ingt. Disease* How long *2 yrs*
Immediate *Exhaustion* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. F. Torgg*

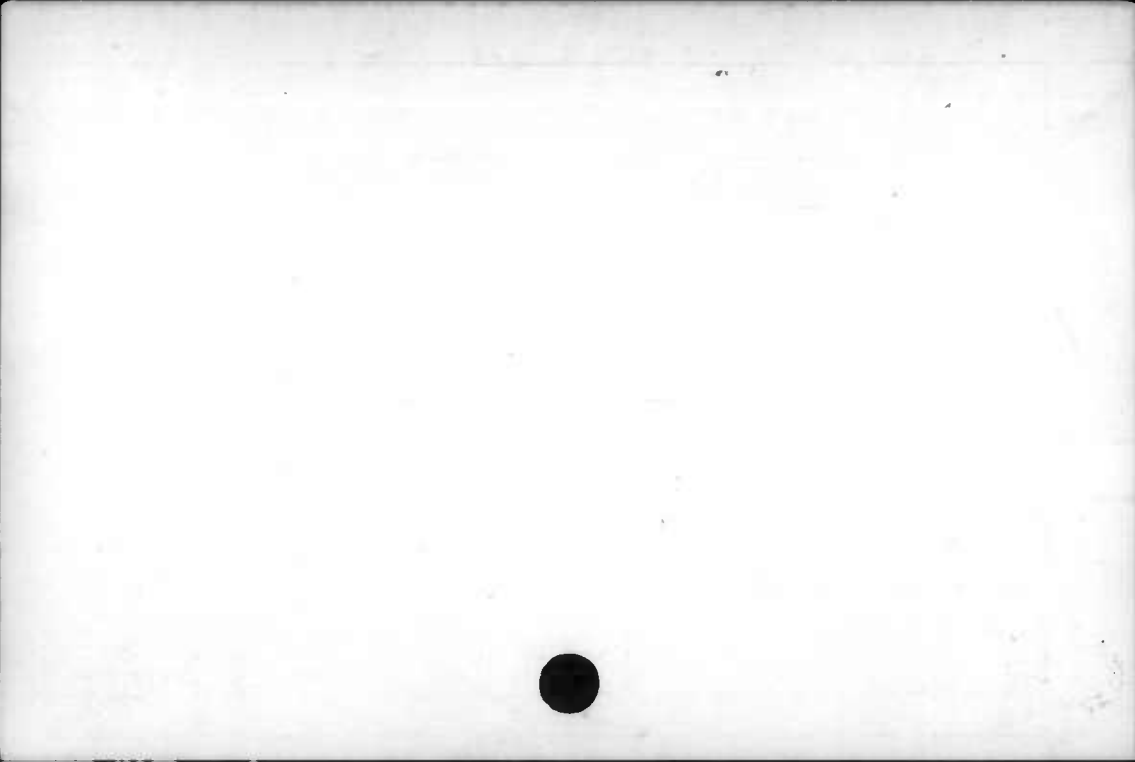
Address *Cumberland, Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Robert Beveridge Boyd* Town *Lonaconing* County *Allegheny* MARYLAND

Died at *Lonaconing* *Allegheny*

Date of death *1909* *Apr.* *6* *1* Age *71* *16* *27*

Sex *Male* Color or Race *White* Birth-place *Scotland*

Occupation *None* Where Residing if not at place of death *Lonaconing*

Married, Single or Widowed *Widower* Name of Wife or Husband *Mary Roney Boyd*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Alexander Boyd* How related to deceased *Son*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *5 days*

Immediate *Cardiac inefficiency* How long *Immediate*

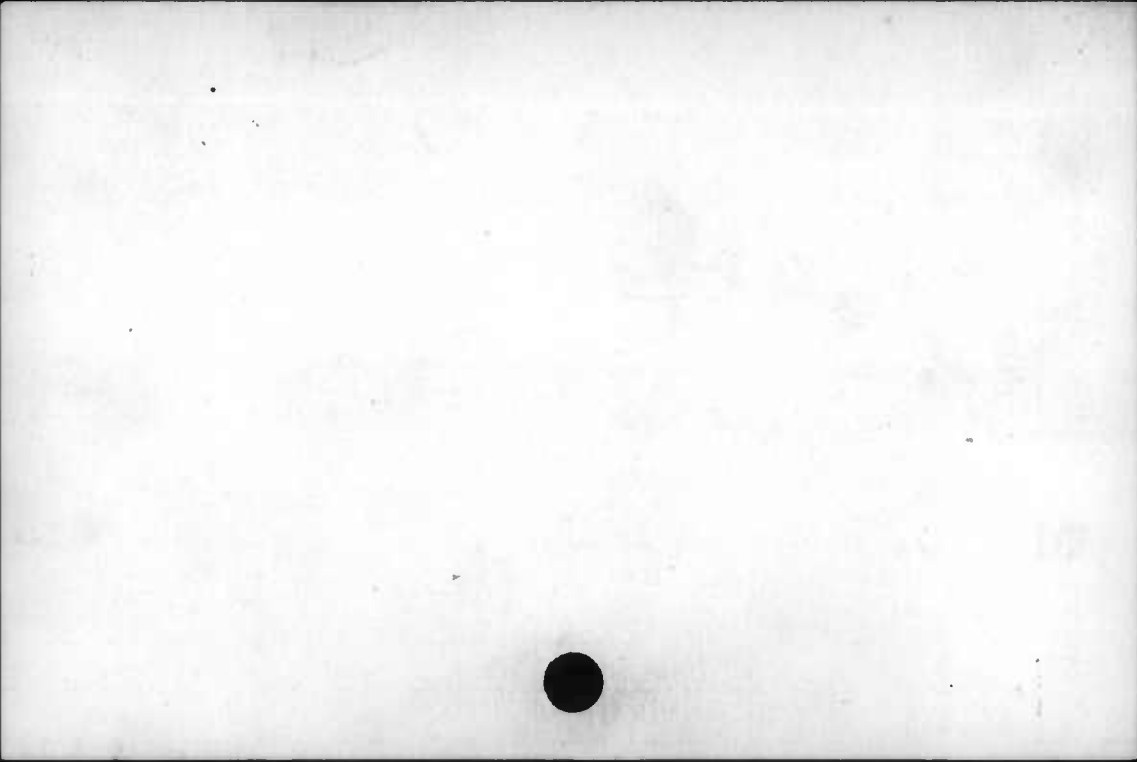
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. C. Holdsworth*

Address *Earhart Mines*

Ind.

Accident or Suicide?



Name
in
FullMrs. Phoebe ^{Mickles} Bradley.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barton</u>		Town	<u>Allegany</u>		County
Date of death <u>1909</u>		Month <u>April</u>	Day <u>23</u>	Age <u>53</u>	Years
Sex <u>Female</u>		Color or Race <u>White</u>	Birth-place <u>Briston, England</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>✓</u>			
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Joseph Bradley</u>			
Father's Name <u>Joseph Mickles</u>		Father's Birthplace <u>England</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>England</u>			
Name of person giving Information <u>Samuel Bradley</u>		How related to deceased <u>son</u>			

CAUSES OF DEATH

Primary	<u>Epithelioma abdomen</u>	How long	<u>About one year</u>
Immediate	<u>Quauntion</u>	How long	<u>One month</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>A. A. Boucher</u>	
		Address <u>Barton, Md</u>	
Accident or Suicide			

PHYSICIAN
OR CORONER

45



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Jacob Brown* Town *Near Cumberland* County *Allegheny*

Died at *Near Cumberland* MARYLAND

Date of death 1909 Apr 5 Age 70 Months 3 Days —

Sex *Male* Color or Race *White* Birthplace *Cumberland*

Occupation *Truckman* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Helena Hopwell*

Father's Name *Louis Brown* Father's Birthplace *Germany*

Mother's Maiden Name *Hannah Baker* Mother's Birthplace *Germany*

Name of person giving Information *Helena Brown* How related to deceased *Wife*

CAUSES OF DEATH

120

Primary *Nephritis* How long *2 years*

Immediate *Uremia* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. R. Hodges*

Steu Address *Cumberland, Md.*

Hodges

Accident or Suicide

William Chalver

Henry Garrison

Mrs Gottie Hoadley Eckart

" Elizabeth Hines Richmond

" Ida Porter Eckard

" Lillie Parker at Park

nearly 3 yrs in Army

Union Soldier

Name
in
Full

Martha E McBray Calahan

CERTIFICATE OF DEATH

Died at Cummd County MARYLAND
Month Day Year Months Days

Date of death 190 9 apr 29 Age 75

Sex Female Color or Race White Birth-place W. Va.

Occupation retired House Keeper Where Residing if not at place of death -

Married, Single or Widowed Widow Name of ~~Wife~~ Husband W E Calahan

Father's Name Do not know Father's Birthplace Do not know

Mother's Maiden Name Do not know Mother's Birthplace Do not know

Name of person giving Information Wm McBray How related to deceased Son

CAUSES OF DEATH

Primary Cancer of Pelvis How long 1 year

Immediate Exhaustion of strength How long 1 mo

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician F. B. Daboll

Screen Address Cummd

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mr

J. H. H. H.

Kaiser.

Name
in
Full

Andrew J. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

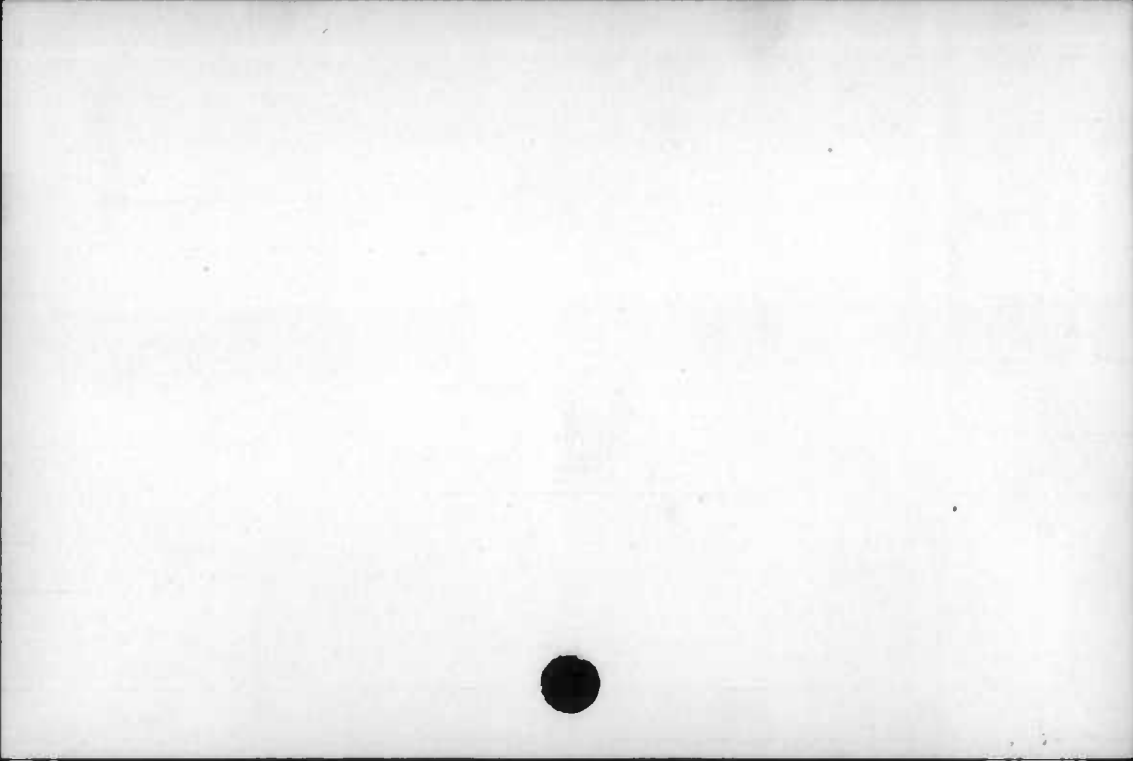
Died at <u>Pekin</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u>	<u>April</u> <small>Month</small>	<u>6</u> <small>Day</small>	<u>59</u> <small>Years</small>	<u>3</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Allegheny Co. Md</u>
Occupation	<u>Laborer</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Ellen Plotter</u>		
Father's Name	<u>Ebenezer Dawson</u>	Father's Birthplace	<u>Germany</u>		
Mother's Maiden Name	<u>Margaret Clark</u>	Mother's Birthplace	<u>Maryland</u>		
Name of person giving information	<u>Mrs. Clark</u>	How related to deceased	<u>Wife</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Nephritis & cystitis -</u>	How long	<u>3 months</u>
Immediate	<u>Suppression of urine</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>James O. Bullock</u>
		Address	<u>Lonaconing Md</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

CERTIFICATE OF DEATH

James F Cochran

Died at *Camdenland*

Allegheny

MARYLAND

Date of death 1909 Apr.

Day 25

Age 29

Months

Days

Sex male

Color or Race

White

Birth-place

Arkansas.

Occupation

Tim Worker

Where Residing if not at place of death

Married, Single or Widowed

Divorced

Name of Wife or Husband

Matilda Johnson

Father's Name

James H. Cochran

Father's Birthplace

West Co Md

Mother's Maiden Name

Sallie Fuller.

Mother's Birthplace

Grantville Md

Name of person giving Information

James H Cochran.

How related to deceased

Father.

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

1 year.

Immediate

& pneumonia

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos. H. Foy

Address

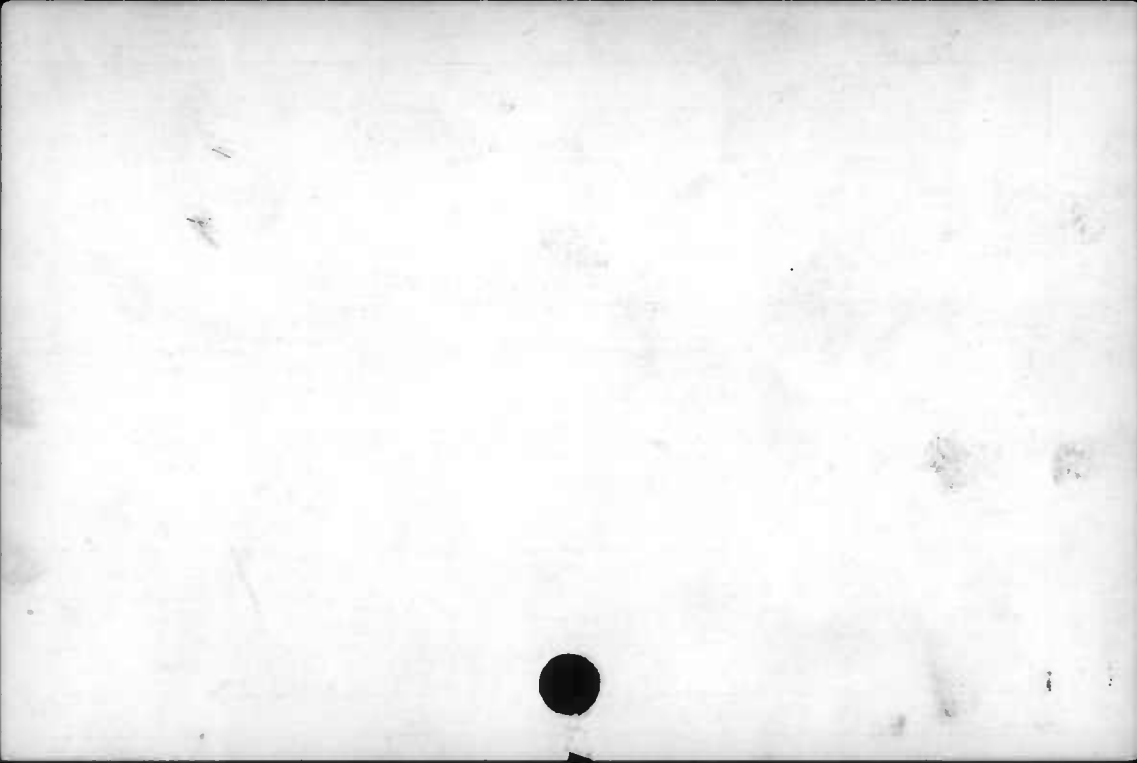
Camdenland Md

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Samuel H. Dearr* Town *Lonsomming* County *Allegheny* MARYLAND

Died at *Lonsomming* *Allegheny*

Date of death 190 *9* Month *April* Day *23* Age *62* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Presh MS*

Occupation *Car painter* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Julia A. Stewart*

Father's Name *Mathias Dearr* Father's Birthplace *Unknown*

Mother's Maiden Name *Victoria Harris* Mother's Birthplace *Unknown*

Name of person giving Information *Mrs. Daniel H. Dearr* How related to deceased *Wife*

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

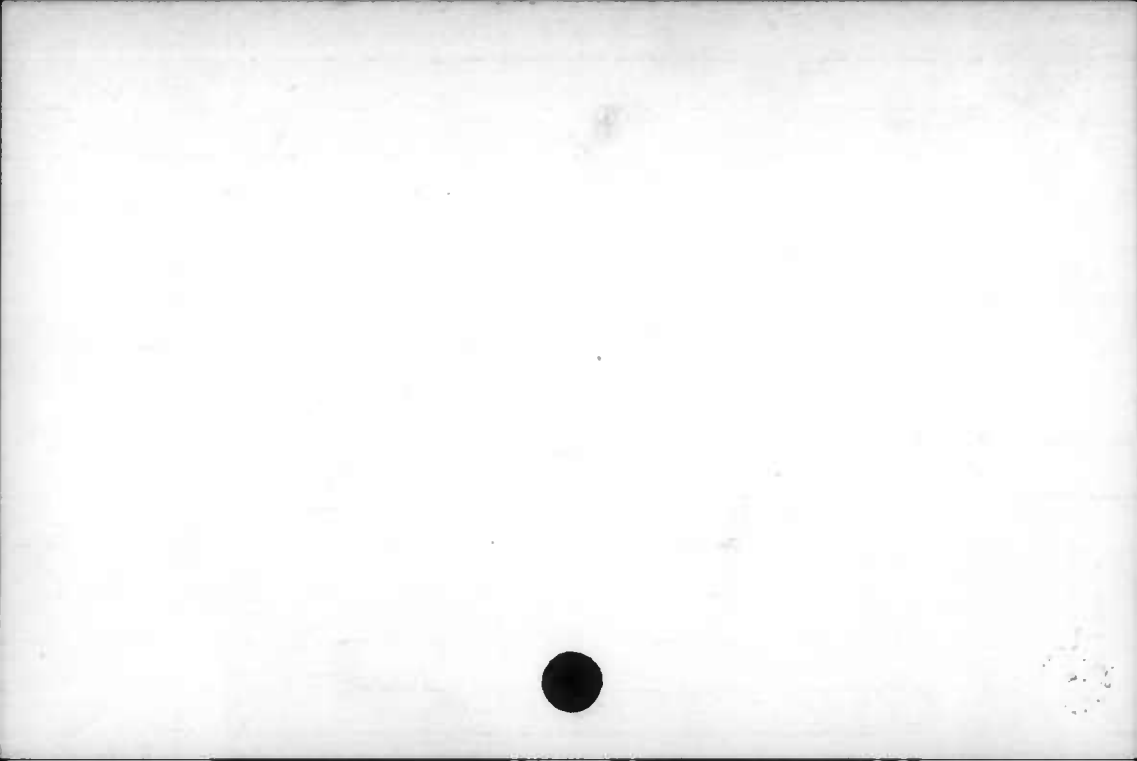
Primary *Rheumatic Endocarditis* How long *Nearly two years*

Immediate *Pulmonary Edema* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. Skilling M.D.* Address *Lonsomming,*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

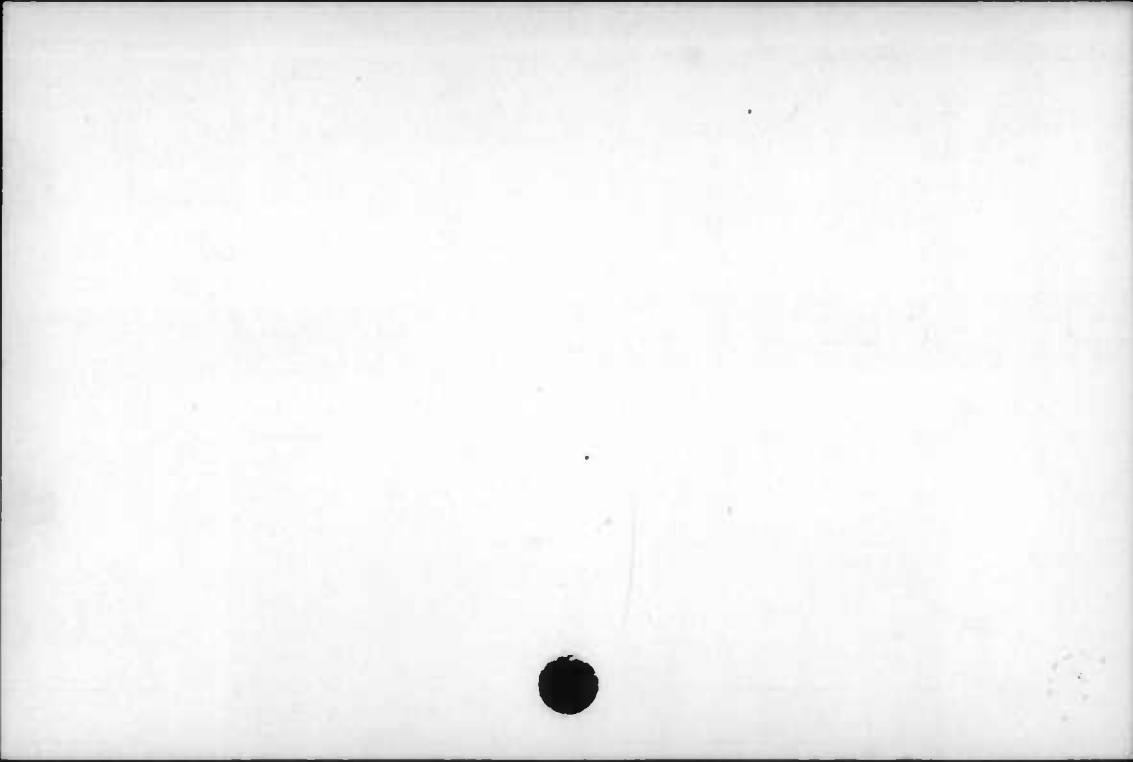
Died at <i>Longear</i> ^{Town}		<i>Allegheny</i> ^{County}			
Date of death	<i>1909</i>	<i>April</i> ^{Month}	<i>6</i> ^{Day}	<i>3-4</i> ^{Years}	<i>5-</i> ^{Months}
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Christopher Sodd</i>		
Father's Name	<i>James Bruce Johnson</i>			Father's Birthplace	<i>Scotland</i>
Mother's Maiden Name	<i>Maggie Smith</i>			Mother's Birthplace	<i>Scotland</i>
Name of person giving information	<i>Christopher Sodd</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	<i>Cancer of breast</i>	How long	<i>2 years</i>
Immediate	<i>Cancer of liver</i>	How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>James C. Bullock</i>
		Address	<i>Longear Md</i>
Accident or Suicide?		<i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

David Dodge

Town

County

MARYLAND

Died at

Lonsacoring Allegany

Date

of death 190

Month

Day

Years

Months

Days

9 April

Age

79

Sex

Male

Color or
Race

White

Birth-
place

Michigan

Occupation

Lumberman

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Harriet Brown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

David Dodge

How related
to deceased

Wife

CAUSES OF DEATH

93

Primary

Chronic Hepatitis

How long

Nearly two years

Immediate

Pneumonia

How long

Five days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

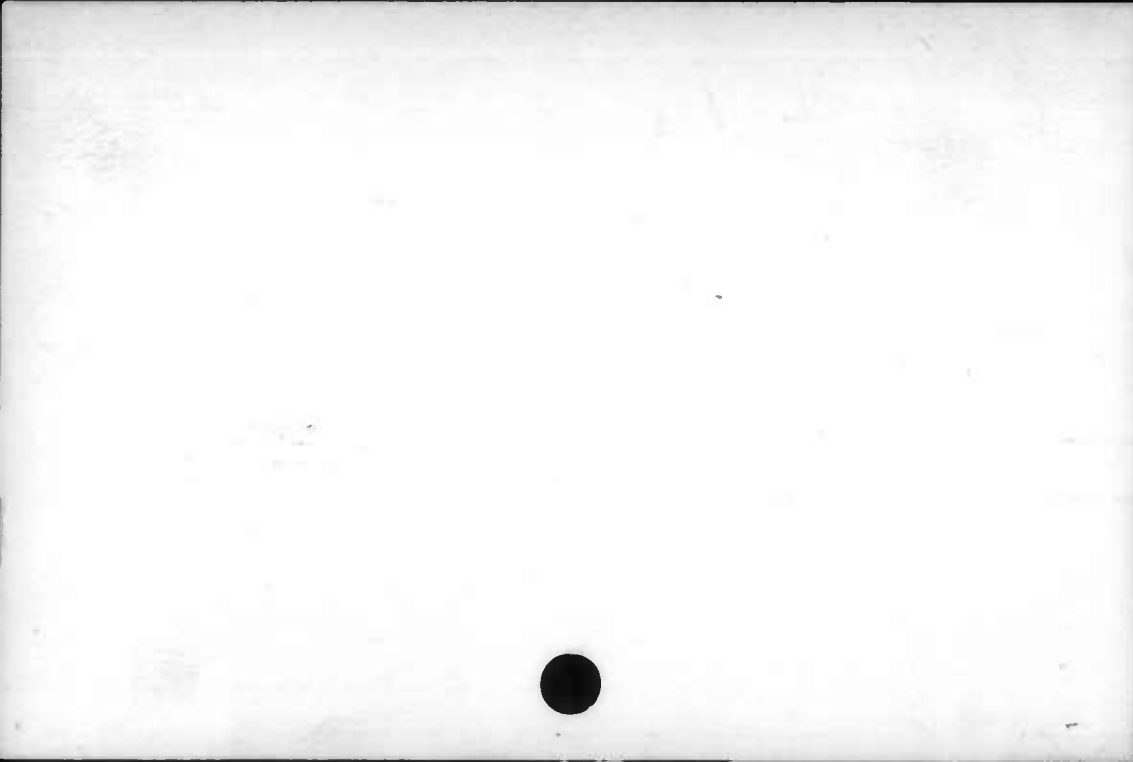
Address

W. D. Skilling M.D.
Lonsacoring,

Accident or Suicide

No

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John C. Douglas</i>		Town <i>Lomacoming</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at		Month <i>April</i>		Day <i>5</i>		Years <i>44</i>	
Date of death <i>190</i>		Months <i>—</i>		Days <i>—</i>		Age <i>44</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Ireland</i>			
Occupation <i>None (Retired)</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife <i>Catherine Murphy</i>					
Father's Name <i>William Douglas</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Julia Phelan</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving Information <i>Mr. John C. Douglas</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

112

Primary	<i>Cirrhosis of Liver</i>	How long	<i>Three months</i>
Immediate	<i>Hematemesis</i>	How long	<i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Skilling M.D.</i>	
		Address <i>Lomacoming</i>	
Accident or Suicide <i>No</i>			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Alexander Corman Drawbaugh

Died at

Cumberland - Allegany

MARYLAND

Date

of death

1909 4 23

Age

26

Sex

Male

Color or
Race

White

Birth-
place

Cumberland Co Pa

Occupation

Land Lord, "Hotel"

Where Residing if not
at place of death

Cumberland Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Emma S. Drawbaugh

Father's
Name

George Drawbaugh

Father's
Birthplace

Unknown

Mother's
Name

Barbara Blosser

Mother's
Birthplace

" " "

Name of person giving
Information

Edward C. Drawbaugh

How related
to deceased

Son

CAUSES OF DEATH

67

Primary

Pneumonia

How long

7 -

Immediate

4 hours

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

James J. Thurn, M.D.

Address

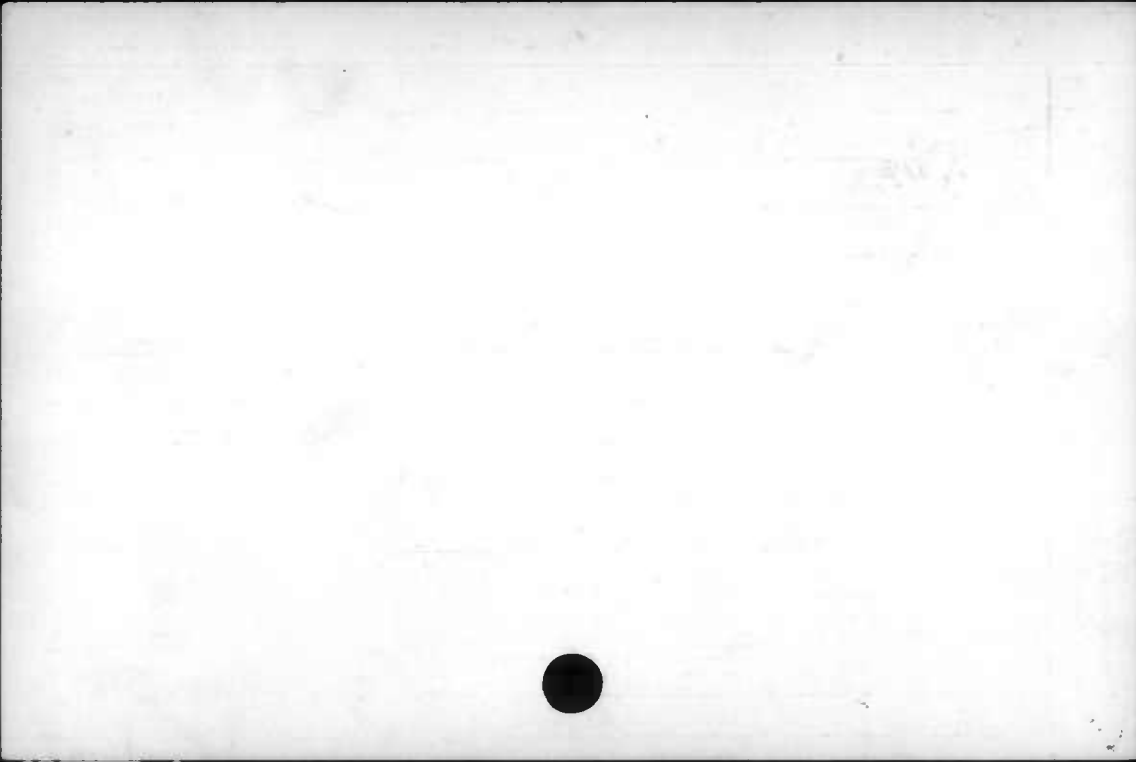
Cumberland Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

Edgar Throsh bluke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Allegany Co MARYLAND

Date of death 1909 ^{Month} april ^{Day} 13 Age ^{Years} 43 ^{Months} 4 ^{Days} 24

Sex Male Color or Race White Birth-place Charlestown W. Va.

Occupation Physician Where Residing if not at place of death Cumberland

Married, Single or Widowed Married Name of Wife or Husband Mary G. bluke

Father's Name John E. bluke Father's Birthplace Sheppardsburg Pa.

Mother's Maiden Name Elizabeth J. Kearney Mother's Birthplace Charlestown Va.

Name of person giving Information Mrs W. H. Campbell How related to deceased Sister

CAUSES OF DEATH

93

Primary Pneumonia How long 11 day

Immediate HT Lardum How long few hours

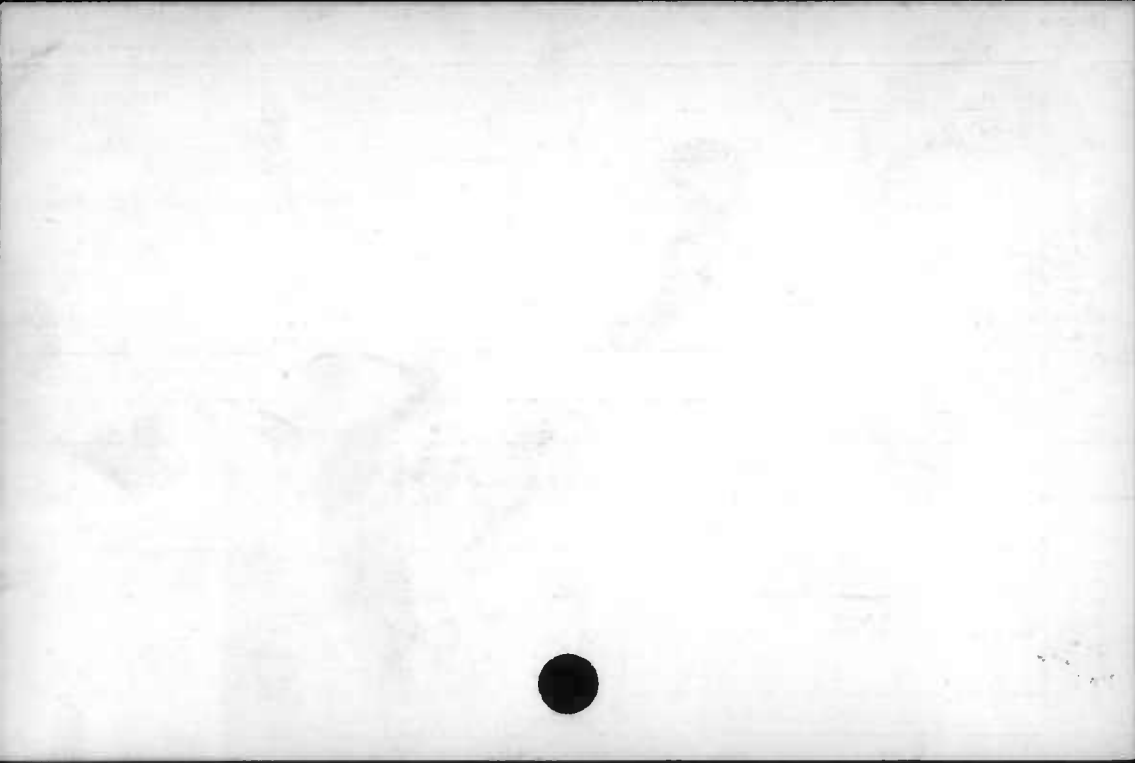
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. H. Johnson

Address Cumberland

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Ann Eilbreck

Town *P. R. R.* County *Alligany* MARYLAND

Died at *P. R. R.*

Date of death 190*9* Month *April* Day *25* Age *78* Years Months Days

Sex *Female* Color or Race *White* Birth-place *England*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *George Eilbreck (deceased)*

Father's Name *Jeremiah H. Eilbreck* Father's Birthplace *England*

Mother's Maiden Name *Elizabeth Eilbreck* Mother's Birthplace *"*

Name of person giving Information *Elizabeth Eilbreck* How related to deceased *Son*

CAUSES OF DEATH

134

Primary *Senile debility* How long *One year*

Immediate *Congestion of lungs* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *V. B. Skilling M.D.*

Address *Lonaconing*

Accident or Suicide *No*

PHYSICIAN
OR
CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Allegany</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>4</i>	Day <i>22</i>	Age <i>22</i>	Years <i>7</i>
Sex <i>F</i>	Color or Race <i>N</i>	Birth-place <i>Md</i>		Months <i>5</i>	
Occupation <i>Chief</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John Engle</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Nellie Skidmore</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Nellie Engle</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia - (Broncho)</i>	How long <i>12 Days</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Dr. W. M. Lane</i>
		Address <i>Horsburg Md</i>
Accident or Suicide?		

Anthony Under Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Paul Firlie*

Died at *Cumberland* County *Alleghany* MARYLAND

Date of death *1909 April 13* Age *—* Months *—* Days *6*

Sex *Male* Color or Race *White* Birth-place *Cumberland*

Occupation *Infant* Where Residing if not at place of death *—*

Married, Single or Widowed *Infant* Name of Wife or Husband *—*

Father's Name *Edward A. Firlie* Father's Birthplace *Maryland*

Mother's Maiden Name *Willie Kaufman* Mother's Birthplace *Virginia*

Name of person giving Information *Edward A. Firlie* How related to deceased *Father*

CAUSES OF DEATH

121

PHYSICIAN
OR CORONER

Primary *Suppression Urine* How long *2 days*

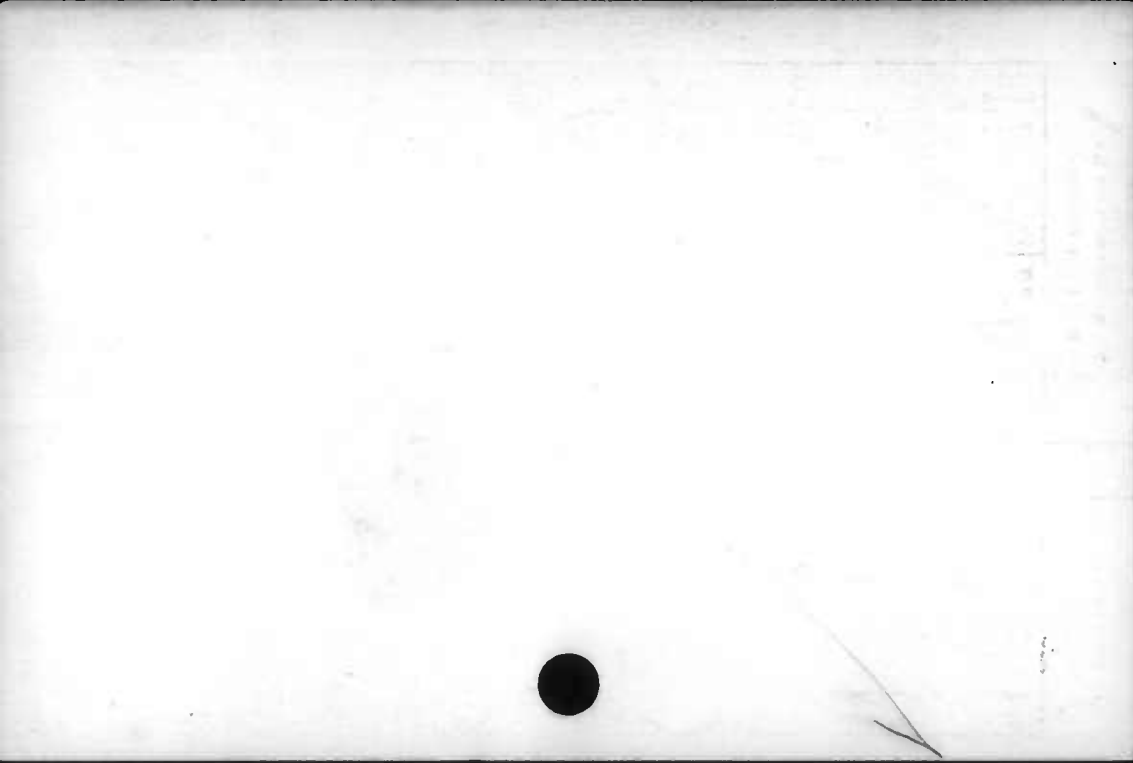
Immediate *Toxemia* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *William R. Foard M.D.*

Address *116 Virginia Ave
Cumberland Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

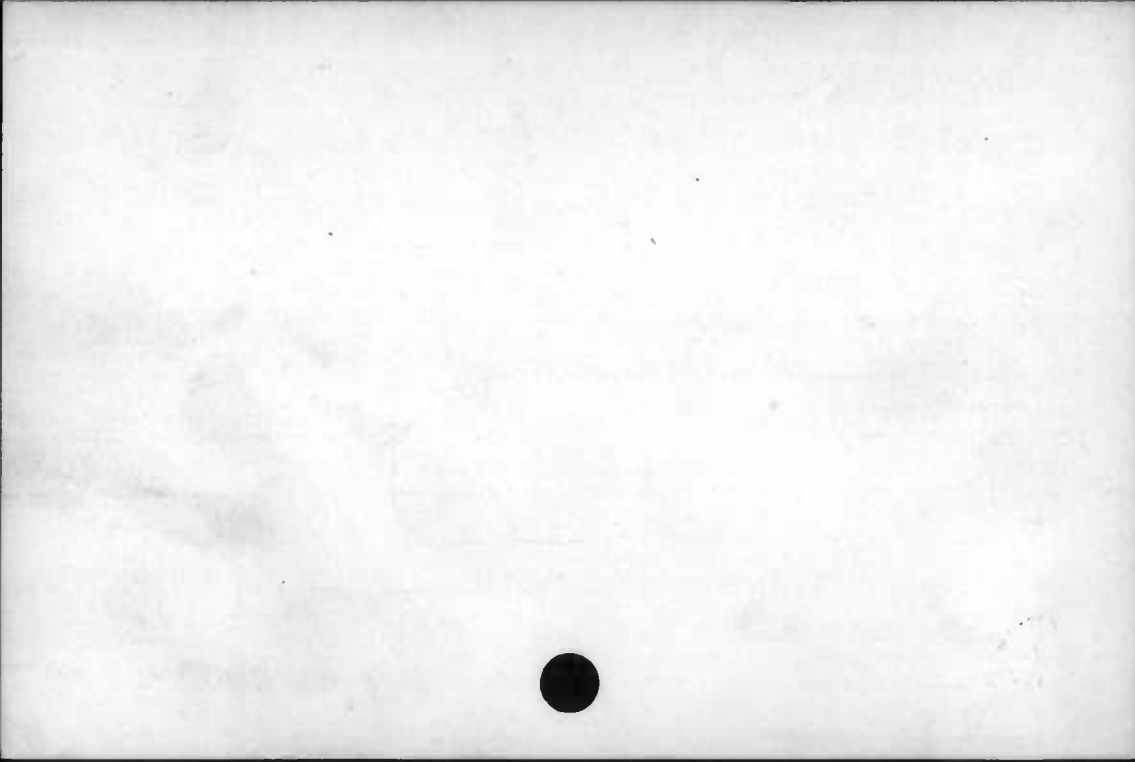
Name <i>Infant George</i>		① <i>twice</i>		TOWN <i>Cumberland</i>		COUNTY <i>Allegany</i>		STATE <i>MARYLAND</i>	
Died at <i>Cumberland</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		State <i>MARYLAND</i>			
Date of death <i>1909 April 16</i>		Month <i>April</i>		Day <i>16</i>		Age <i>Years</i>		Months <i>4</i> Days <i>hours</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>					
Occupation <i>none</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>							
Father's Name <i>John B. George</i>		Father's Birthplace <i>Maryland</i>							
Mother's Maiden Name <i>Bertha Clawson</i>		Mother's Birthplace <i>Maryland</i>							
Name of person giving information <i>John B. George</i>		How related to deceased <i>Father</i>							

CAUSES OF DEATH

151

Primary <i>Premature birth</i>		How long <i>4 hours</i>	
Immediate <i>Exhaustion</i>		How long <i>4 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. R. Hodges</i>	
		Address <i>Cumberland.</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Infr George (2) turn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Near} <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	^{Month} <i>April</i>	^{Day} <i>16</i>	^{Years} <i>Age</i>	^{Months} <i>5 hours</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>none</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>none</i>	
Father's Name	<i>Jesse B. George</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Bertha Klawns</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Jesse B. George</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>5 hours</i>
Immediate	<i>Exhaustion</i>	How long	<i>5 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. R. Hodges</i>
		Address	<i>Cumberland.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Mary E. Godsey

Died at

Near Cumber
CountyDate
of death

1909 Apr. 16

Day

Age

Years

46

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Va

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

John Godsey

Father's
Name

D. Know

Father's
Birthplace

D. Know

Mother's
Maiden Name

Josie

Mother's
Birthplace

Va

Name of person giving
information

Josie Mohler

How related
to deceased

Daughter

CAUSES OF DEATH

42

Primary

Cancer of stomach

How long

8 mo

Immediate

Secondary Cancer Bowel

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

E. B. Blalock
Cumber
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

0-70-10-16

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
R. CORNER

CERTIFICATE OF DEATH

MARYLAND

Months

Days

Birth-
place

Where Residing if not
at place of death

Name of Wife or Husband

Father's Birthplace

Mother's
Birthplace

How related
~~to deceased~~

137

How long

How long

Signature of Physician

Address

Accident or Suicide

Marine S. Grant.

CERTIFICATE OF DEATH

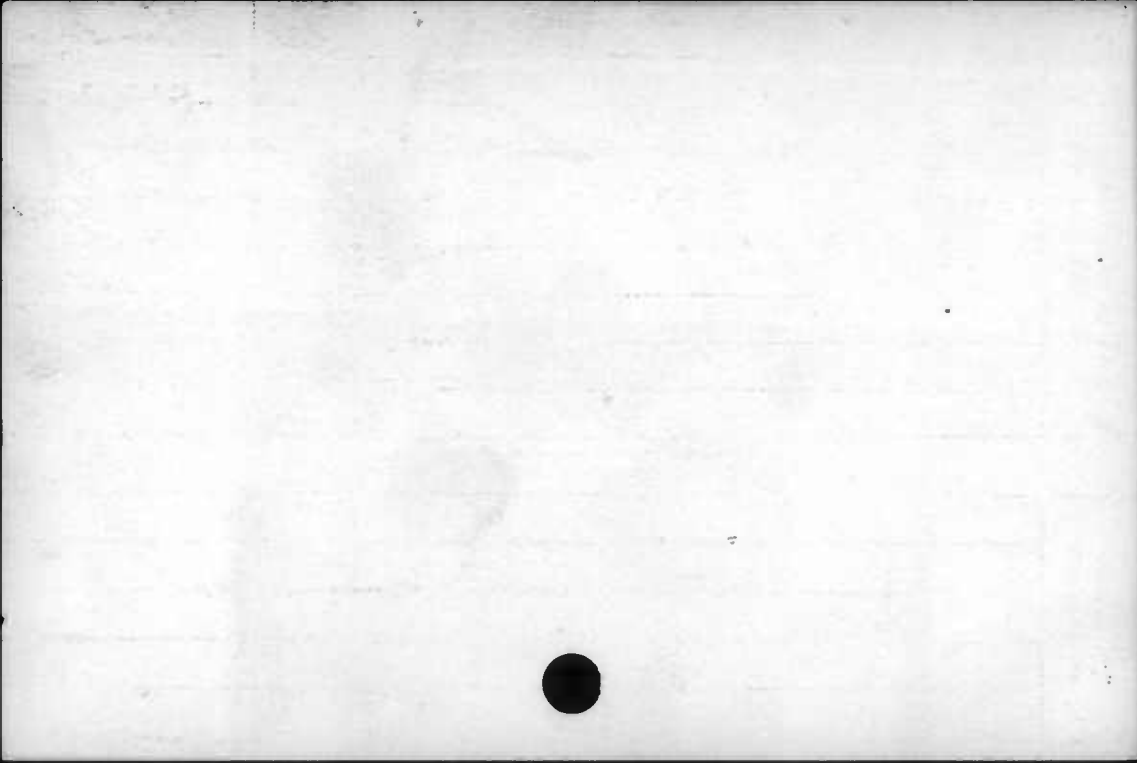
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Baltimore</u>		County <u>Allegheny</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Apr</u>	Day <u>10</u>	Age <u>Still Born</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation <u>child</u>			Where Residing if not at place of death <u>Baltimore md</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John E Gogley</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Louisa Fairhead</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>John E Gogley</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary	<i>Still Born</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. J. W. W. W.</i>
		Address	<i>London, England</i>
Accident or Suicide?	<i>—</i>		<i>sub</i>



Name
in Full

CERTIFICATE OF DEATH

Justin Grabenstein

Town

County

Died at Near Cumberland

Allegheny

MARYLAND

Date of death 1909 April

Day 4

Age 78

Years

Months

Days

Sex Male

Color or Race

White

Birthplace

Germany

Occupation

Farmer

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Margaret Monday

Father's Name

Peter Grabenstein

Father's Birthplace

Germany

Mother's Maiden Name

do not know

Mother's Birthplace

Name of person giving Information

Joseph Grabenstein

How related to deceased

Son

CAUSES OF DEATH

125

Primary

Cancer of Intestines + Enlarged Prostate

How long

Months

Immediate

Exhaustion

How long

weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

F. R. Fochman

Address

Stein

Accident or Suicide

Boydston

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
CORONER

13 Children

9 Boys 4 Daughters

Julius

Will

Frank

John

Joseph

Ed

Subertin

Fredrick

Geo.

Mrs Anna Garing

Mrs Mary Gaellner

Mrs Harris Naughton

Miss Katie at Home

Born in Windhausen
Germany

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James H. Grady
Town *Cumberland* County *Allegheny*

Died at *Cumberland Allegheny* MARYLAND

Date of death 1907 *4* Month *6* Day *47* Years *0* Months *0* Days

Sex *Male* Color or Race *White* Birthplace *W. Va.*

Occupation *Miner* Where Residing if not at place of death *Cumberland*

Married, Single or Widowed *Married* Name of Wife or Husband *Leant (now)*

Father's Name *John Grady* Father's Birthplace *W. Va.*

Mother's Maiden Name *Leant (now)* Mother's Birthplace *W. Va.*

Name of person giving Information *William Humboldt* How related to deceased *Son-in-law*

CAUSES OF DEATH

PHYSICIAN
FOR CORNER

Primary *Pneumonia with Stomach* How long *5 years*

Immediate *Pneumonia* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. H. Hartman* Address *Cumberland Md*

Accident or Suicide

1800

Name
in
Full

Lina May Gutter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtad</i>		Town		<i>Allegheny</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Apr.</i>		Day <i>29</i>		Age <i>one</i>		Months <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Cumtadland</i>					
Occupation <i>none</i>				Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>-</i>				Name of Wife or Husband <i>-</i>					
Father's Name <i>Wm Gutter</i>				Father's Birthplace <i>W. Va</i>					
Mother's Maiden Name <i>Harriet Trigg</i>				Mother's Birthplace <i>W. Va</i>					
Name of person giving Information <i>Wm Gutter</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

92

Primary	<i>Broncho Pneumonia</i>	How long	<i>7 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>-</i>

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

A. D. Franklin
Cumtadland
W. Va

Address

Stem

Accident or Suicide

PHYSICIAN
OR CORONER

3 - Shamrock
Solon Ring -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

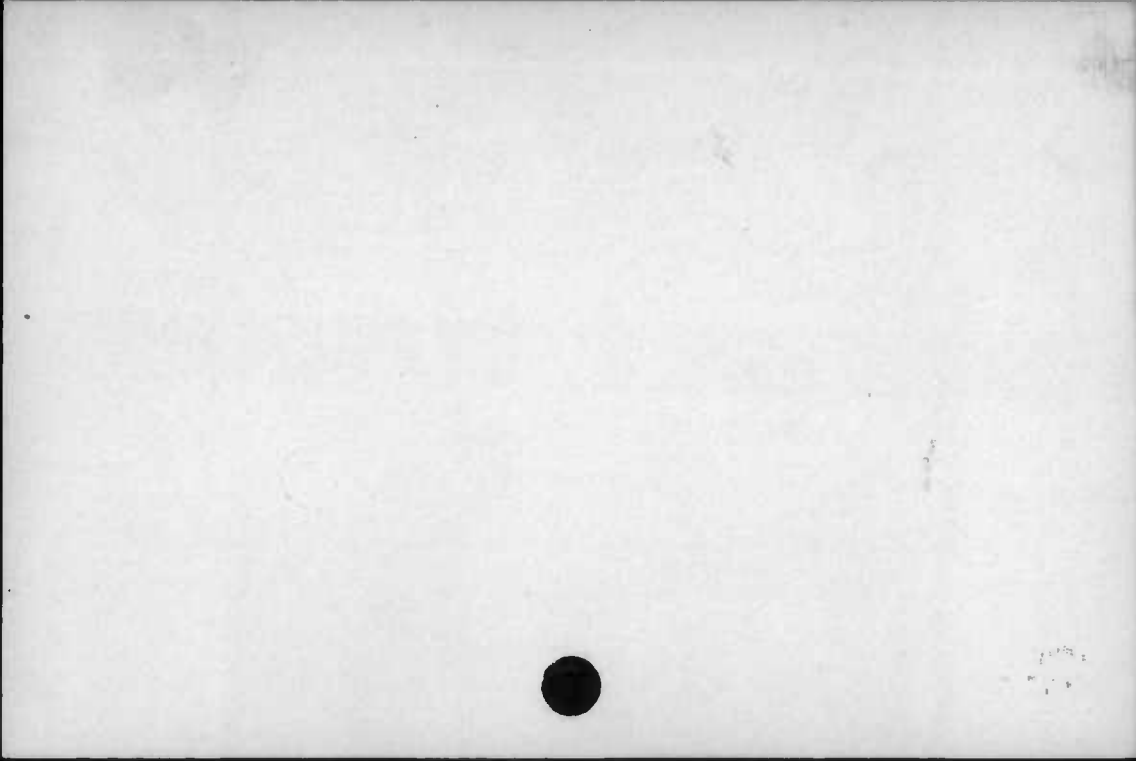
Died at <i>Somerset</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>17</i>	Age <i>4</i>	Months <i>10</i> Days <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Lawrence Haubschman</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Maggie Scherf</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Mrs Lawrence Haubschman</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>10 days</i>
Immediate <i>Cerebral meningitis</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jas. O. Bullock M.D.</i>
	Address <i>Somerset Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

John E. Hausman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

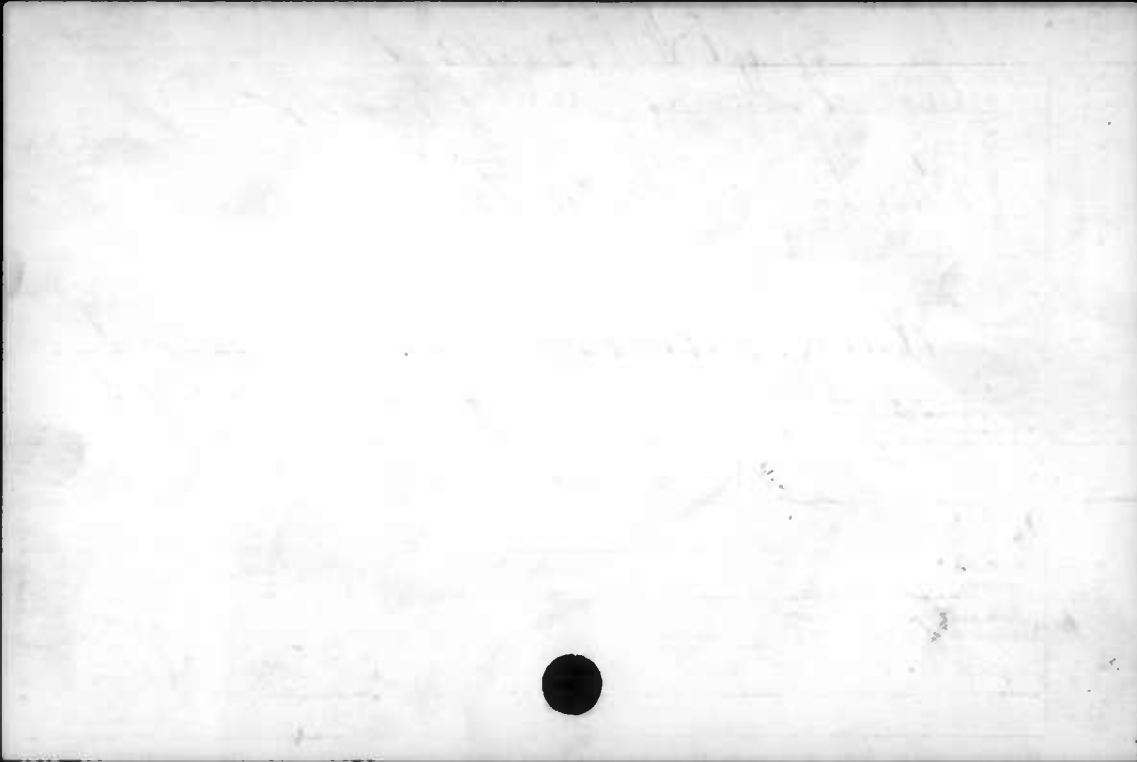
Died at <u>Cumberland</u> ^{Town}		<u>allegany</u> ^{County}		MARYLAND	
Date of death	1909	Month	4	Day	25
Age		15		Months	
Sex	Male	Color or Race	White	Birth-place	Allegany Co
Occupation	School Boy		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Wm. R. Hausman		Father's Birthplace		
Mother's Maiden Name	Mary Wilson		Mother's Birthplace		
Name of person giving Information	Wm. R. Hausman		How related to deceased		
			Son		

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary	Appendicitis	How long	6 days
Immediate	Toxemia	How long	
Are the name, age, sex, color, date and piece correctly given above?		yes	
Signature of Physician		F. W. Johnson	
Address		Cumberland Md	
Accident or Suicide		No	



Name
in
Full*Hiner*

CERTIFICATE OF DEATH

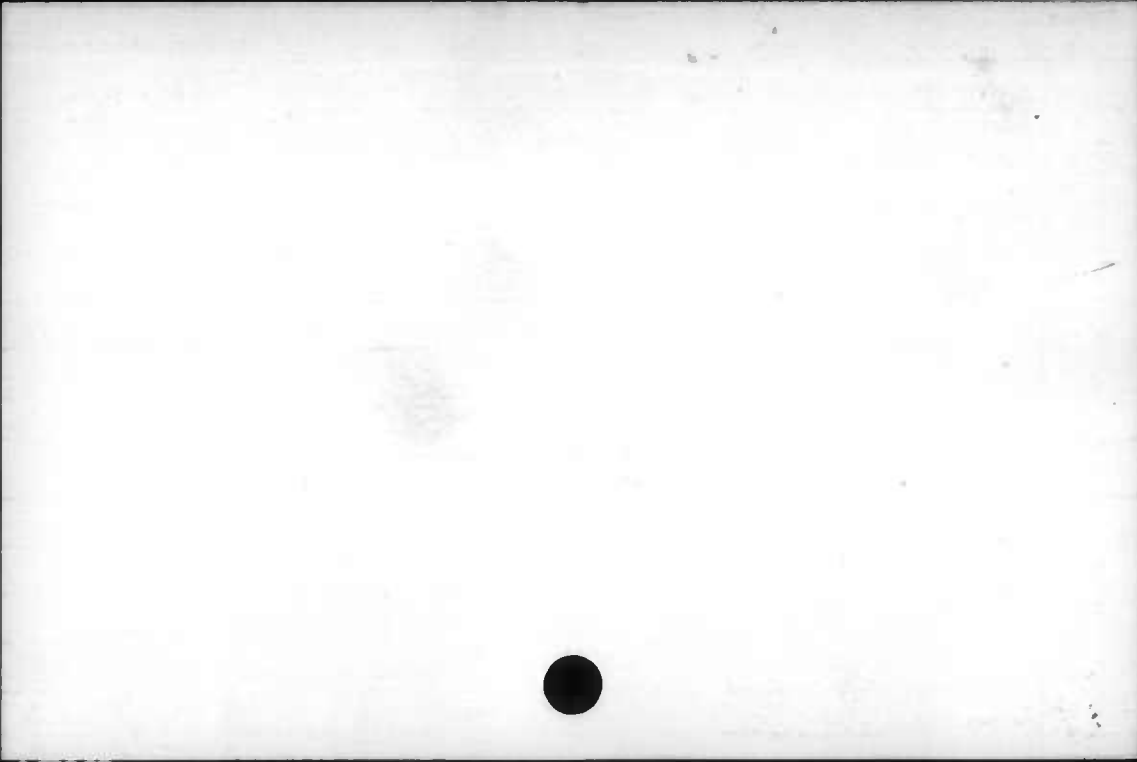
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indsurg</i>		Town <i>Indsurg</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>April</i>		Day <i>9</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Indsurg</i>		Months <i>—</i>	
Occupation		Where Residing if not at place of death		Days <i>10</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Robert Hiner</i>		Father's Birthplace <i>Ind</i>		Mother's Maiden Name <i>Katie Nolan</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving Information <i>Robert Hiner</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary	<i>Acute Indigestion</i>	How long <i>24 hours</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>F. C. E. Munnay</i>
		Address <i>Indsurg</i>
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

Lynn Hutson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

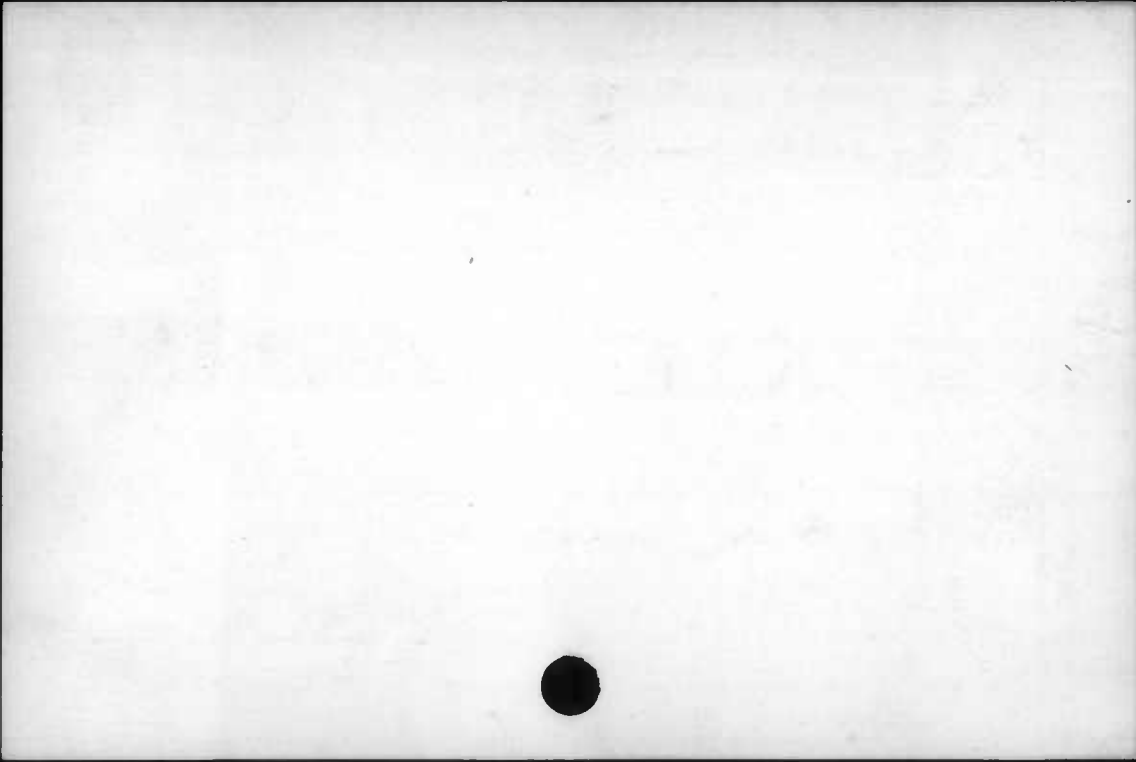
Died at		Town <i>Rowlings</i>		County <i>Allegheny</i>		MARYLAND	
Date of death		Month <i>9</i>	Day <i>9</i>	Age	Years <i>61</i>	Months <i>5</i>	Days <i>9</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Allegheny Co</i>			
Occupation <i>Hammer</i>		Where Residing if not at place of death <i>Rowlings</i>					
Married, Single or Widowed <i>Wid</i>		Name of Wife or Husband <i>L. Mary M. Hutson</i>					
Father's Name <i>H. Henry M. Hutson</i>		Father's Birthplace <i>Ad.</i>					
Mother's Maiden Name <i>J. Johnson</i>		Mother's Birthplace <i>Crescent</i>					
Name of person giving information <i>X</i>		How related to deceased <i>X</i>					

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	<i>Sarcoma of thigh</i>		How long	<i>about one year</i>
Immediate	<i>" " "</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Chaffman</i>	
			Address <i>Kepler</i>	
Accident or Suicide?			<i>W. R.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

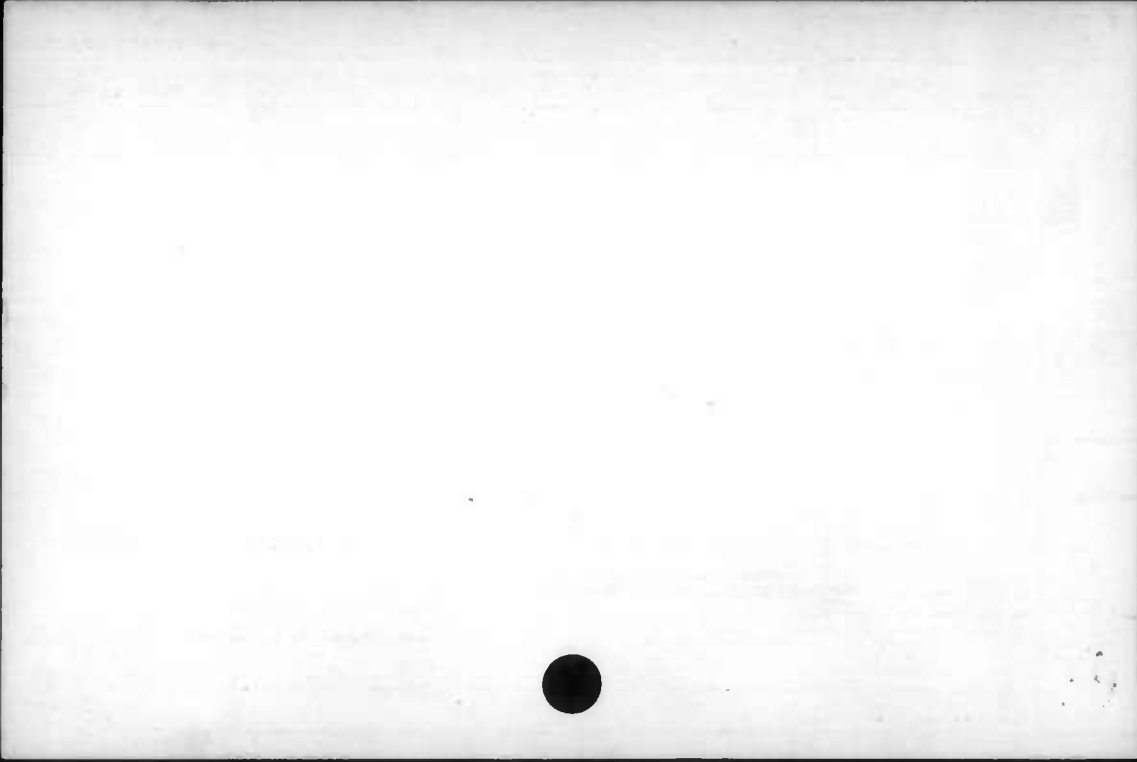
Elizabeth Jones

Died at <u>Louisa</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death 1909	Month <u>April</u>	Day <u>5</u>	Age <u>1</u>	Months <u>6</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Louisa</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married Single or Widowed <u>X</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>William H. Jones</u>			Father's Birthplace <u>Wales</u>		
Mother's Maiden Name <u>Emily Perry</u>			Mother's Birthplace <u>"</u>		
Name of person giving Information <u>Wm H. Jones</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Scarlatina (Anginoid)</u>	How long	<u>10 days</u>
Immediate	<u>Pericarditis</u>	How long	<u>Three days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. A. Skilling M.D.</u>	
		Address <u>Louisa</u>	
Accident or Suicide <u>no</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

home

Town

County

Alle

MARYLAND

Date

of death

1909

Month

April

Day

29

Age

Years

83

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Ind

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of
Husband

Thomas G Judy

Father's
Name

Thomas Stanton

Father's
Birthplace

Frederick

Mother's
Maiden Name

Huskey

Mother's
Birthplace

Frederick

Name of person giving
information

Peter Cosgrove

How related
to deceased

Similar

CAUSES OF DEATH

90

Primary

Brucellosis

How long

several weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

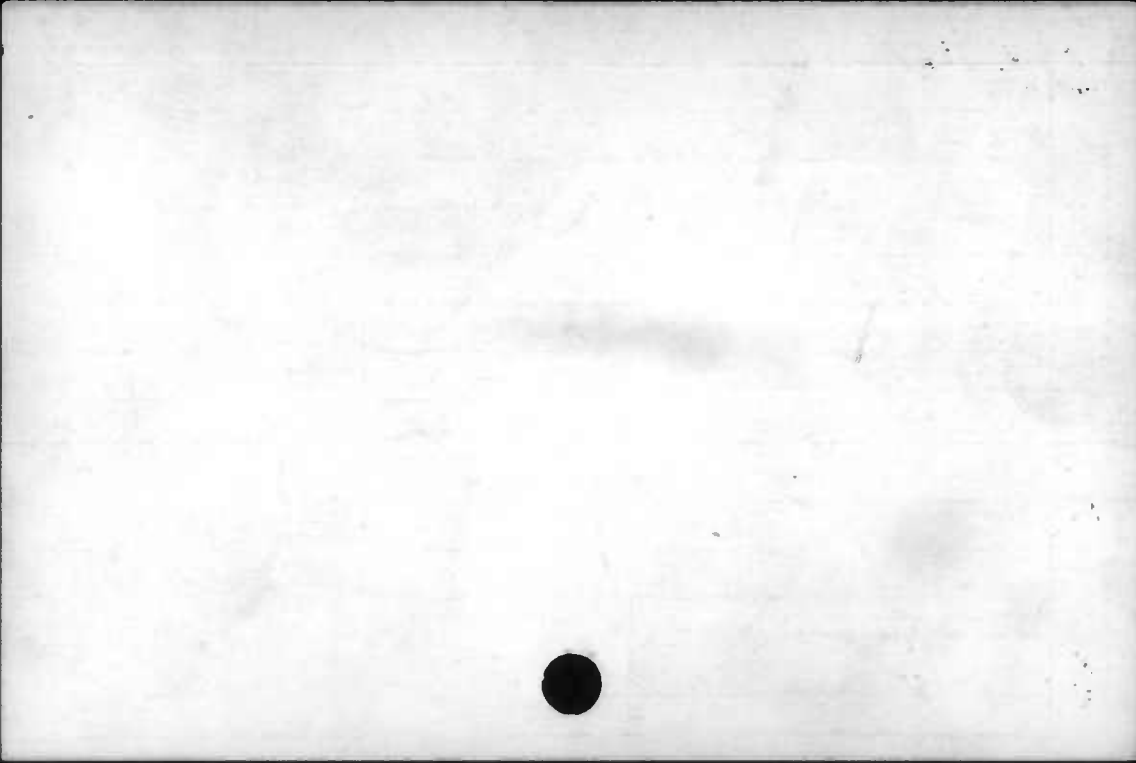
Address

*Home Address
Cumberland
Md*

Accident or Suicide

PHYSICIAN
OR CORONER

P



Name
in
Full

John Kearchner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death	1909	Month	April	Day	15
Age	93	Years	93	Months	2
Sex	Male	Color or Race	White	Birth-place	Pa
Occupation	Retired - farmer		Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Katherine Shryor		
Father's Name	Jas Kearchner		Father's Birthplace	Pa	
Mother's Maiden Name	Catherine		Mother's Birthplace	Pa	
Name of person giving information	J. H. Kearchner		How related to deceased	son	

CAUSES OF DEATH

154

PHYSICIAN
FOR CORONER

Primary	Infirmities of age	How long	6 mos
Immediate	Exhaustion	How long	one week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. E. L. Owens
		Address	Cumberland
Accident or Suicide?	Hyndman		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *So Cumberland* Town *Keller* County *Allegheny*
 Date of death 1909 *April* Month *3* Day *1* Age *1* Years *1* Months *1* Days
 Sex *Male* Color or Race *White* Birth-place *Md.*
 Occupation _____ Where Residing if not at place of death _____
 Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *Emersh J Keller* Father's Birthplace *W Va*
 Mother's Maiden Name *Barrettta Kouch* ✓ Mother's Birthplace *Md*
 Name of person giving Information *Father* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Stillborn at full term* How long *2nd of last 1 week before Birth*
 Immediate _____ How long _____
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. L. Broa*
 Address *Cumberland Md*
 Accident or Suicide *no* *88 Va an*



Name
in
Full

Sarah Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

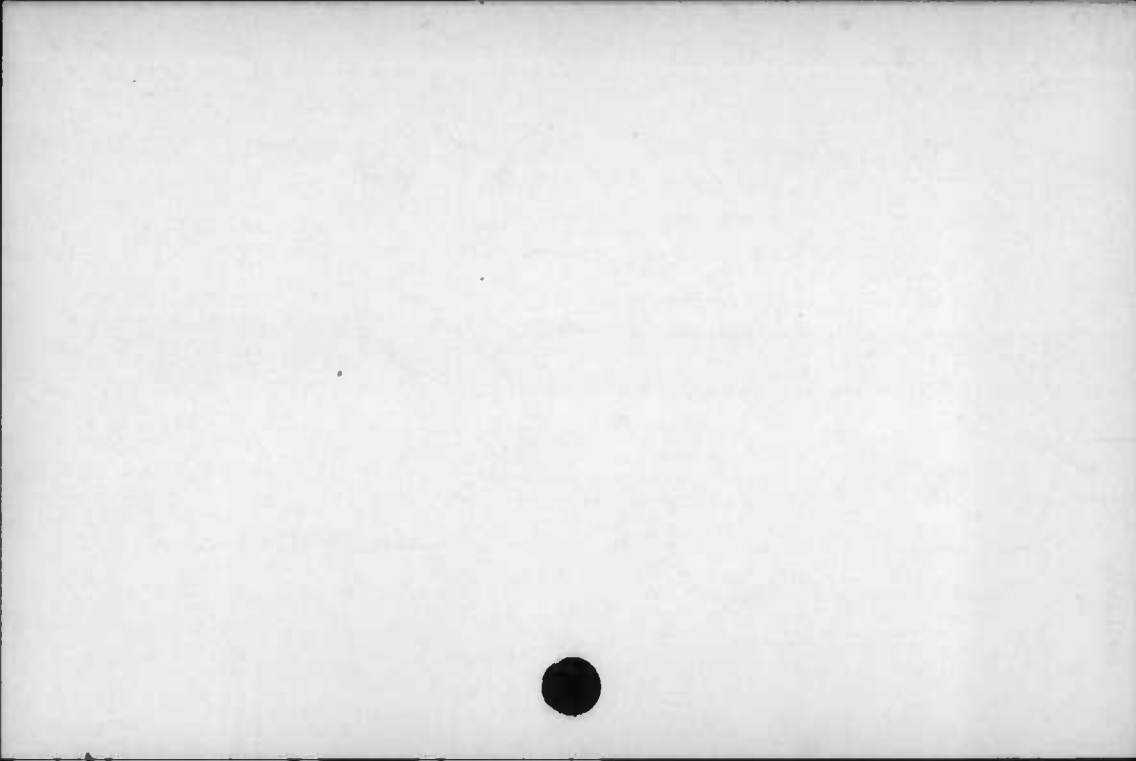
Died at <i>Pekin</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>24</i>	Age <i>70</i>	Months <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Francis Kelly (deceased)</i>			
Father's Name <i>Owen Fearton</i>		Father's Birthplace <i>County Down Ireland</i>			
Mother's Maiden Name <i>Annin Fitzpatrick</i>		Mother's Birthplace <i>County Down Ireland</i>			
Name of person giving information <i>Catharine Kelly</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

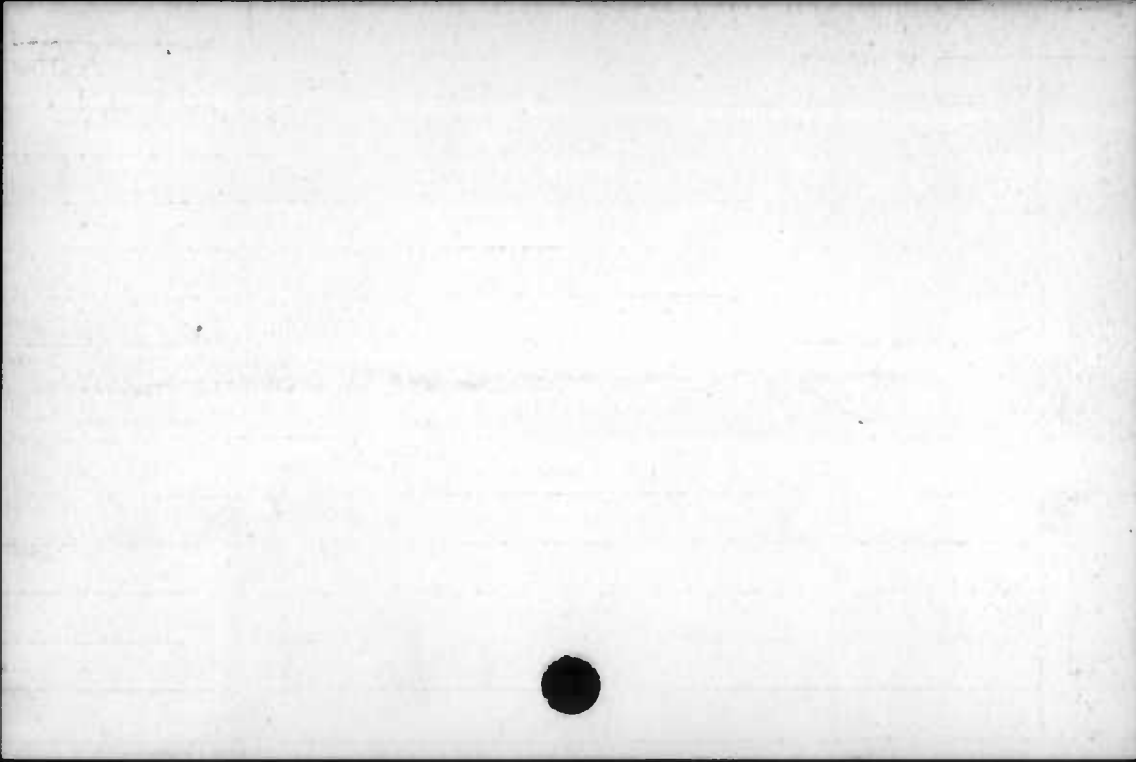
154

PHYSICIAN
OR CORONER

Primary <i>Dysenteria of age</i>	How long <i>One year</i>
Immediate <i>Malnutrition</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullock M.D.</i>
	Address <i>Longview Maryland</i>
Accident or Suicide? <i>no</i>	



Name in Full		Elizabeth Lannon.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Barton</u>		County <u>Alleganey</u>		MARYLAND			
	Date of death	1909	Month	April	Day	27	Age	6
	Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Barton, Md.</u>			
	Occupation <u>None</u>		Where Residing if not at place of death <u>Barton</u>					
	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>					
	Father's Name <u>John Lannon</u>		Father's Birthplace <u>Piedmont</u>					
	Mother's Maiden Name <u>Ann Gannon</u>		Mother's Birthplace <u>Barton</u>					
	Name of person giving information <u>Her Mother</u>		How related to deceased <u>-</u>					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		<u>Diphtheria</u>			How long		
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician		<u>J. H. Gann M.D.</u>			
			Address		<u>Barton, Md.</u>			
Accident or Suicide?								



Name
in
Full

Nathan Sandersmilk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

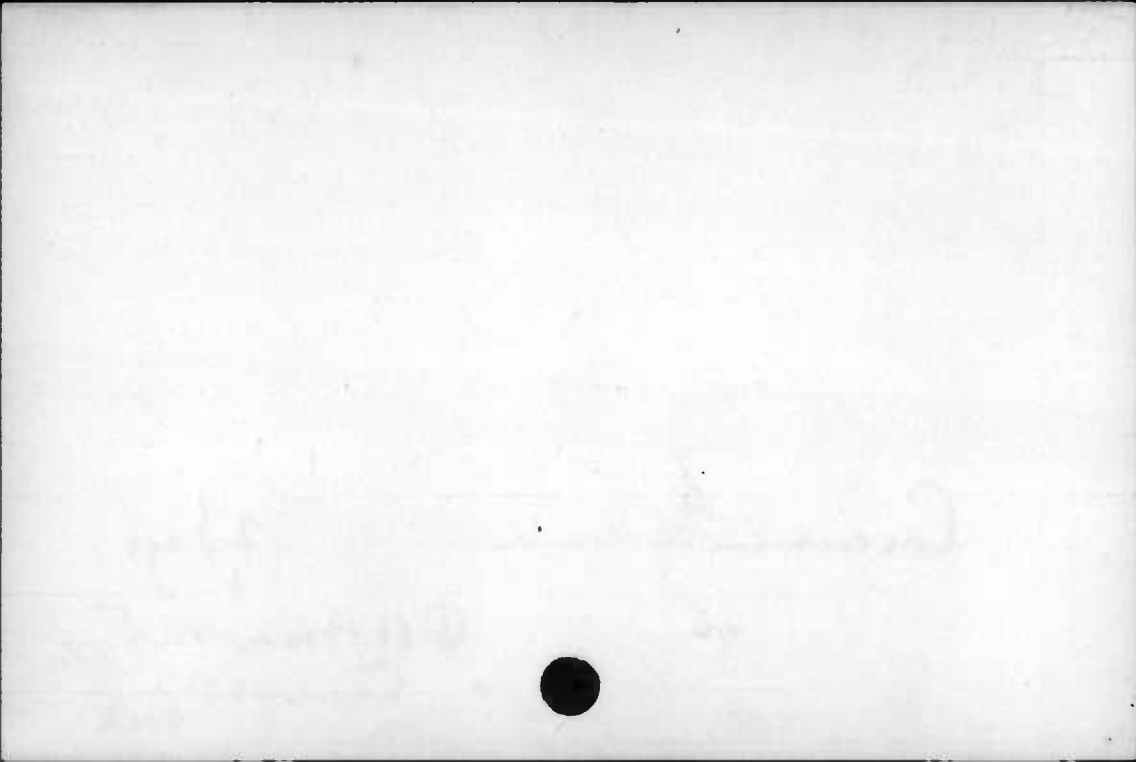
Died at <i>Jackson Farm</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>April</i>	Day <i>16</i>	Age <i>60</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>West Va.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Gertrude Salisbury</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Albert F. Salisbury</i>			How related to deceased <i>Father-in-law</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Probably Pneumonia - (not seen before death)</i>	How long <i>one week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James A. Bullock M.D.</i>
	Address <i>Lonaconing, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

D. H. Larr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> Town		<u>allergany</u> County		MARYLAND	
Date of death	1909	Month	4	Day	8
Age	55	Years		Months	11
Sex	Male	Color or Race	White	Birth-place	Cumberland
Occupation	Baker	Where Residing if not at place of death <u>Cumberland</u>			
Married, Single or Widowed	Married	Name of Wife or Husband <u>Minnie</u>			
Father's Name	D. H. Larr	Father's Birthplace <u>Germany</u>			
Mother's Maiden Name	Sophia Heltzer	Mother's Birthplace <u>Germany</u>			
Name of person giving Information	Mrs. D. H. Larr	How related to deceased <u>wife</u>			

PHYSICIAN
OR CORONER

<input checked="" type="checkbox"/> Chronic tetany		CAUSES OF DEATH		70	
Primary	Concussion of brain		How long	2 days	
Immediate	Stroke (due to a fall)		How long	1 "	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		D. H. Braam	
yes		Address		Cumberland	
no					
Accident or Suicide		acc.		md	

Face down stairs and struck his
head on side of a door. He was
in a semiconscious condition at
the time due to chronic tetanus.

Wt

~~over bed and~~

~~for Dr~~

April 1909.

Hoga Hoodum

Name
in
Full

Charles H. Leatham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Farmington</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1909 Apr</i>	Month <i>5</i>	Day <i>5</i>	Age <i>64</i>	Years <i>6</i>	Months <i>—</i>
Sex <i>M</i>	Color or Race <i>white</i>		Birth-place <i>England</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>✓</i>	Name of Wife or Husband <i>Ruth Leatham</i>				
Father's Name <i>Charles H. Leatham</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Grace Truhear</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Charles H. Leatham</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary <i>Erysipelas</i>	How long <i>six days</i>
Immediate <i>✓</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Griffith</i>
	Address <i>Farmington Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Wm Lewis

Town

County

MARYLAND

Died at

Frostburg

Alley

Date

of death 1909

Month

Apr

Day

1

Years

Age

3

Months

Days

20

Sex

M

Color or
Race

White

Birth-
place

Frostburg Ind

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Davis G. Lewis

Father's
Birthplace

Frostburg Ind

Mother's
Maiden Name

Mable Jane Jones

Mother's
Birthplace

" "

Name of person giving
information

D. G. Jones

How related
to deceased

Grandfather

8

Whooping Cough.

CAUSES OF DEATH

Primary

Whooping - Pneumonia

How long

one week

Immediate

Convulsions

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

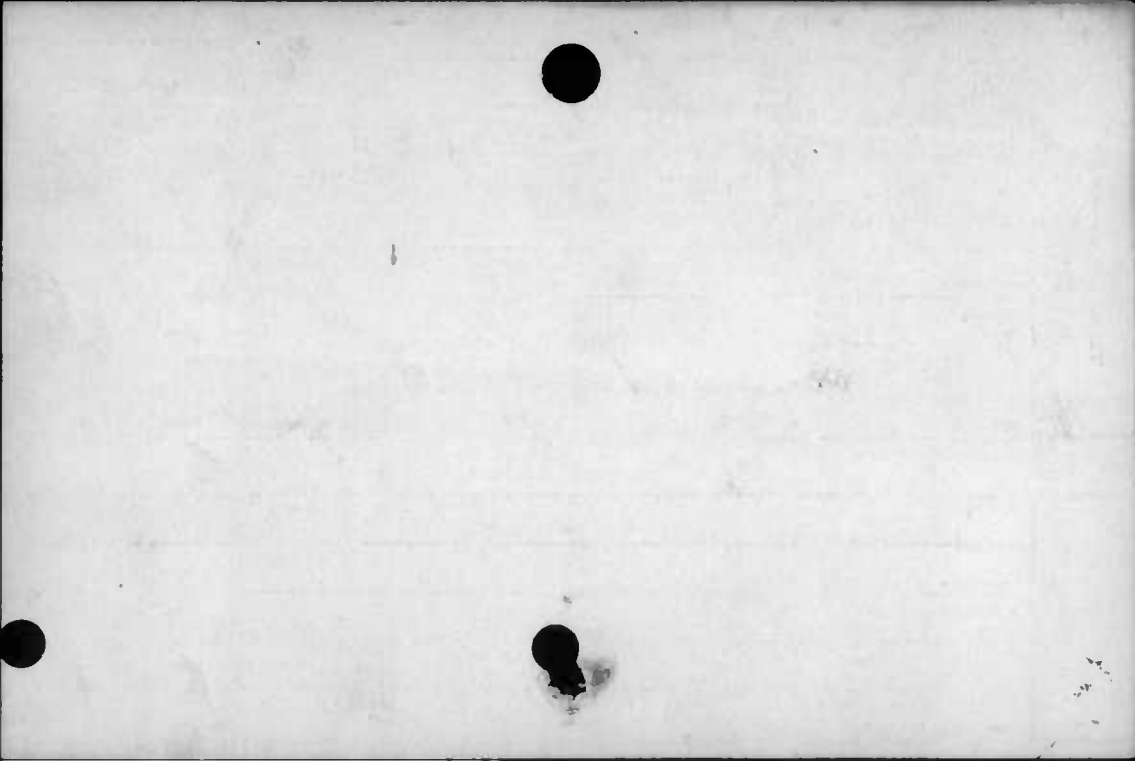
J. Griffith
Frostburg Ind

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

1
PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

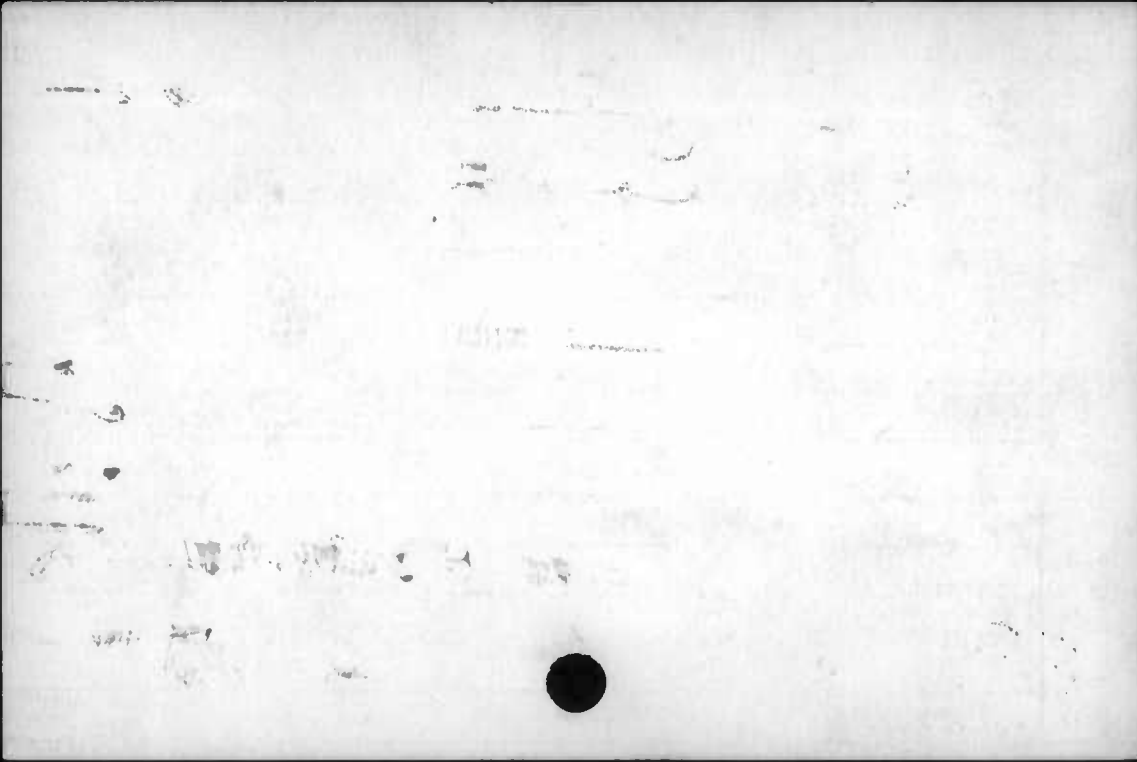
Died at <i>Dans. Mountain</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i> <small>Year</small>	<i>apl.</i> <small>Month</small>	<i>17</i> <small>Day</small>	Age <i>69</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>26</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Shaft Md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Shadrach Lorr</i>				
Father's Name <i>Salmon Henderson</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Noah Lorr</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvularitis</i>	How long <i>Not Certain</i>
Immediate <i>Ruptured Compensation</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. Holdsworth</i>
	Address <i>Eastport Mine Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

James Wilbert McCutcheon

Town

County

MARYLAND

Died at Mason Mills

Allegany

Date of death 1909 April 2

Age

Months

Days

5

Sex Male

Color or Race White

Birth-place Allegany Co

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Samuel McCutcheon

Father's Birthplace Allegany Co

Mother's Maiden Name Jane Fairman

Mother's Birthplace Allegany Co

Name of person giving Information Jane McCutcheon

How related to deceased Mother

CAUSES OF DEATH

90

Primary

Bronchitis

How long

4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. Brucher
Barton, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

William M. Donough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Somerset</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	<i>1909</i> Month <i>April</i>	Day <i>20</i>	Age <i>6</i> Years	Months <i>5</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset</i>		
Occupation <i>School</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Wm. F. McDonough</i>		Father's Birthplace <i>Somerset</i>			
Mother's Maiden Name <i>Mary Francis Farrell</i>		Mother's Birthplace <i>W. + Savage</i>			
Name of person giving information <i>Wm. F. McDonough</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

7

Primary <i>Scarlet Fever (Angina)</i>	How long <i>7 days</i>
Immediate <i>Cellulitis of the neck</i>	How long <i>4 days</i>

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

James O. Bussick M.D.
Somerset, Md.

Accident or Suicide? *no*PHYSICIAN
OR CORONER

1



Name
in
Full

Isaac Ellwood McNeil

CERTIFICATE OF DEATH

Died at Cumtland Allegheny County MARYLAND

Date of death 1909 Apr. 17 Age 1 Months 6 Days

Sex Male Color or Race Colored Birth place MD

Occupation None Where Residing if not at place of death None

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Robert McNeil Father's Birthplace MD

Mother's Maiden Name Monzella Preston Mother's Birthplace MD

Name of person giving Information None How related to deceased Mother

CAUSES OF DEATH

27

Primary Tuberculosis How long 3 months

Immediate Exhaustion How long 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician F.B. McDonald

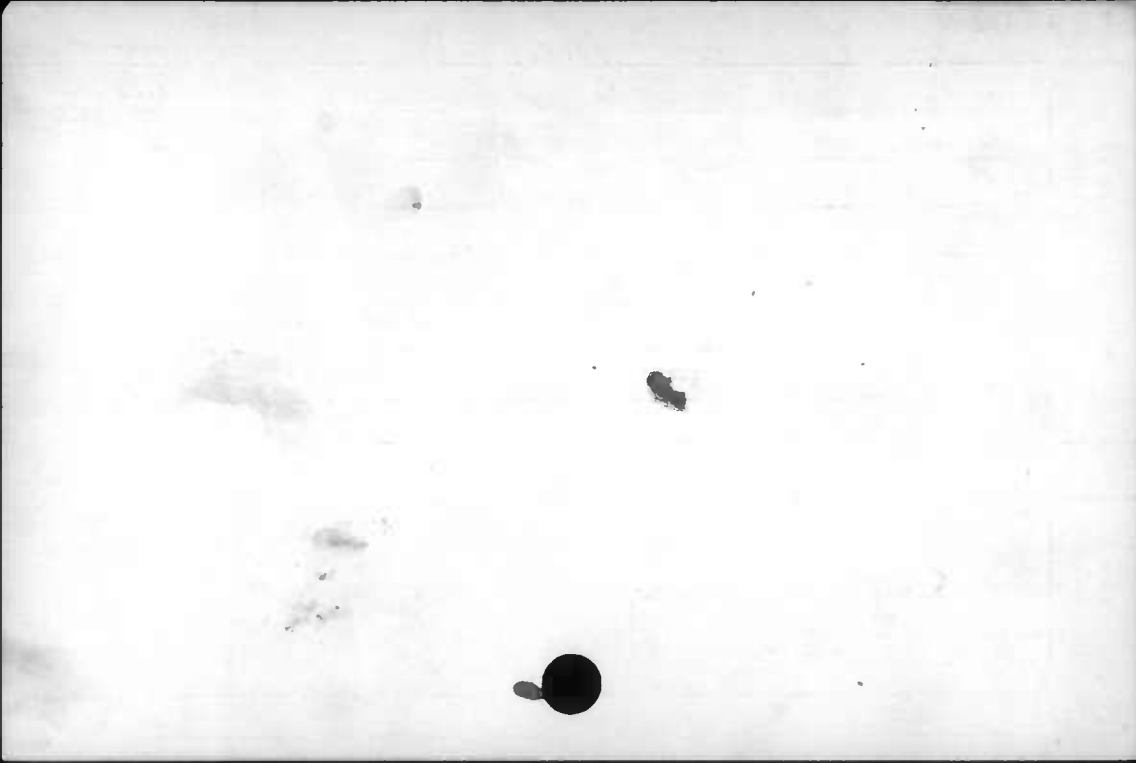
Address Cumtland MD

Accident or Suicida None

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Henry C. Mitchell* County *Cumberland* State *MARYLAND*

Died at *Cumberland - Cleeary*

Date of death 1909 *4* Month *6* Day Age *54* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ill*

Occupation *Doctor* Where Residing if not at place of death *Cumberland*

Married, Single or Widowed *Married* Name of Wife or Husband *Hattie C. Smith*

Father's Name *Henry H. Mitchell* Father's Birthplace *Ill*

Mother's Maiden Name *Nancy Stanley* Mother's Birthplace *West Virginia*

Name of person giving Information *Hattie C. Smith* How related to deceased *Wife*

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary *R.R. Accident* How long *20 hours*

Immediate *Paralysis respiration - Broken neck* How long *20 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. H. Hawkins* Address *Cumberland Md*

Accident or Suicide *Accident*

Hyndman

Name
in
Full

Bartholomew Nee.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumtotauch. Allegheny County
Date of death 1909 4 Month 30 Day Age 91 Years
Sex Male Color or Race White Birth-place Grebauch.
Occupation Local Where Residing if not at place of death Cumtotauch.
Married, Single or Widowed Married Name of Wife or Husband Hanora Hagauer
Father's Name Matthias Nee Father's Birthplace Grebauch
Mother's Maiden Name Margaret Tearney Mother's Birthplace Grebauch
Name of person giving Information Hanora Hagauer How related to deceased Wife

CAUSES OF DEATH

179

PHYSICIAN
FOR CORNER

Primary General debility How long —
Immediate Exhaustion How long —
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician W. M. M. M.
Address Cumtotauch.
Accident or Suicide —

Dr. W. W. Wiley,

Name
in
Full

Anna Eliza Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Cumberland County Allegany **MARYLAND**

Died at Cumberland Allegany

Date of death 190 9 Month Apr. Day 18 Age 80 Months 7 Days -

Sex Female Color or Race White Birth-place N. Va

Occupation retired house keeper Where Residing if not at place of death -

Married, Single or Widowed Widow Name of ~~Wife~~ Husband Benjamin Norris

Father's Name Do not know Father's Birthplace Do not know

Mother's Maiden Name Do not know Mother's Birthplace Do not know

Name of parson giving Information May Hall How related to deceased daughter

CAUSES OF DEATH

154

Primary Debility of age How long 3 years

Immediate Heart - Failure How long 1 year

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician F. L. Satchell Address Cumberland Md.

Accident or Suicide Not Satisfactory

PHYSICIAN
OR CORONER

0/70/10/16

Name
in
Full

CERTIFICATE OF DEATH

Henry K. Porter

Town

County

MARYLAND

Died at

Barnesville Allegany

Date

of death

1909

Month

April

Day

16

Years

Age

69

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Pa

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Mary Jane Porter

Father's
Name

William Porter

Father's
Birthplace

Pa

Mother's
Maiden Name

Katherine Porter

Mother's
Birthplace

Pa

Name of person giving
Information

George Porter

How related
to deceased

Son

CAUSES OF DEATH

120

Primary

Chronic nephritis

How long

Several years

Immediate

Suppression of urine

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

F. Alan G. Murray

Address

W. D. Savannah

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name
in
Full

Marie Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Ind Sarap* ^{County} *Allegheny* **MARYLAND**

Date of death 190 ^{Month} *9* ^{Day} *April* ^{Year} *18* Age *81* ^{Months} *10* ^{Days}

Sex *Female* Color or Race *White* Birthplace *Ind*

Occupation *—* Where Residing if not at place of death *—*

~~Married, Single~~ *Widow* Name of Wife or Husband *Henry L. Porter*

Father's Name *Levi Albright* Father's Birthplace *Germany*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving Information *—* How related to deceased *—*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Senility* How long *—*

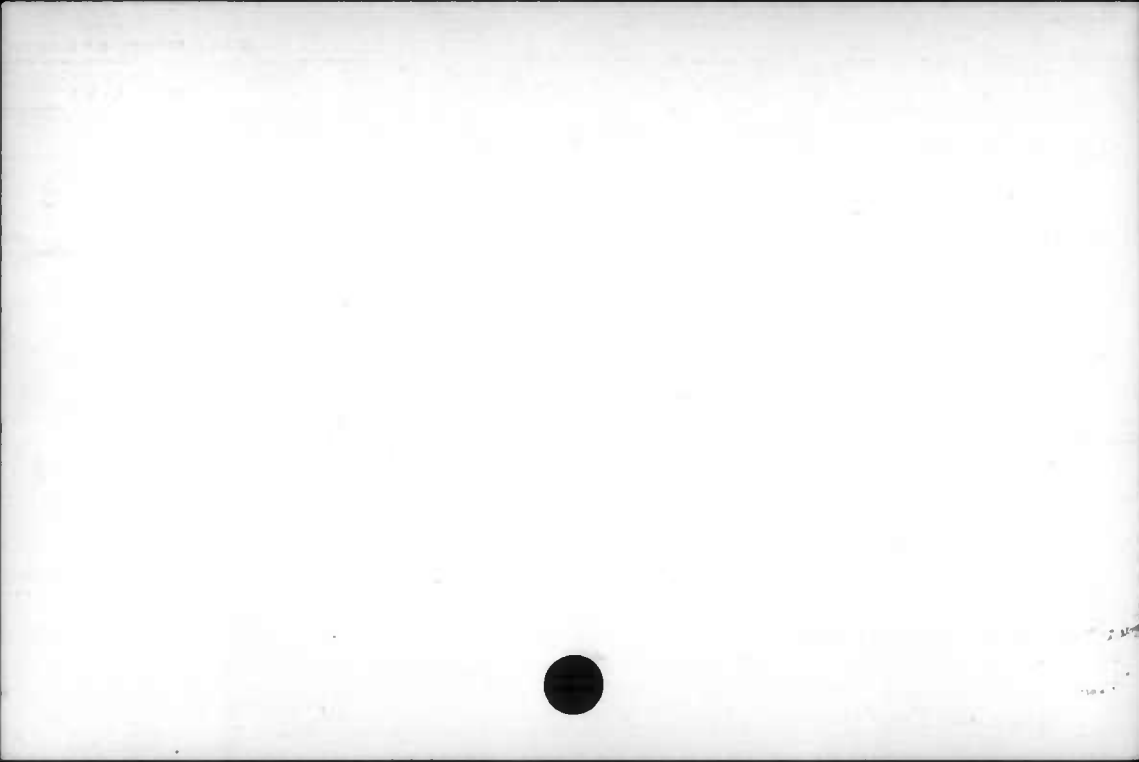
Immediate *Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *F. Alan G. W.*

Address *Ind Sarap*

Accident or Suicide *—*



Name
in
Full

Mary Knapp Rowan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sonoma</i> Town		<i>Alameda</i> County		MARYLAND	
Date of death	1909	Month	Feb	Day	14
Age	63	Years	9	Months	10
Sex	Female	Color or Race	White	Birth-place	Big Mile House
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Thomas Rowan		
Father's Name	Henry Knapp			Father's Birthplace	Germany
Mother's Maiden Name	Catherine Knapp			Mother's Birthplace	Germany
Name of person giving information	Agnes Rowan			How related to deceased	Daughter

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary Cause of Death	<i>Cancer of Liver</i>	How long	<i>Seven months</i>
Immediate Cause of Death	<i>Excision of tumor</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>James O. Bullock M.D.</i>
		Address	<i>Sonoma Calif</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

X

Andrew Schuyler Sr

Town

County

Died at

Lanecoming

Alligum

MARYLAND

Date

of death 1909

Month

April

Day

6

Age

Years

83

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Scotland

Occupation

Miner (Retired)

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Catherine Alexander

Father's
Name

James Schuyler

Father's
Birthplace

Scotland

Mother's
Maiden Name

Elizabeth Schuyler

Mother's
Birthplace

"

Name of person giving
Information

Mrs. Thomas Dick

How related
to deceased

Daughter

CAUSES OF DEATH

93

Primary

Bronchial Asthma

How long

Many years

Immediate

Pneumonia

How long

One week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. Q. Skilling M.D.

Address

Lanecoming

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Shaw

Died at ^{Town} Barton		^{County} Allegany		MARYLAND	
Date of death	1909	^{Month} April	^{Day} 2	^{Age} 50	^{Years} 11 ^{Months} 18 ^{Days}
Sex	Male	Color or Race	white	Birth-place	Allegany Co.
Occupation	Miner		Where Residing if not at place of death		

Married, Single or Widowed	married	Name of Wife or Husband	Sallie Main
Father's Name	John Shaw	Father's Birthplace	Allegany Co. Md
Mother's Maiden Name	Mancy Michaels	Mother's Birthplace	Allegany Co.
Name of person giving Information	Mrs Sallie Shaw	How related to deceased	wife

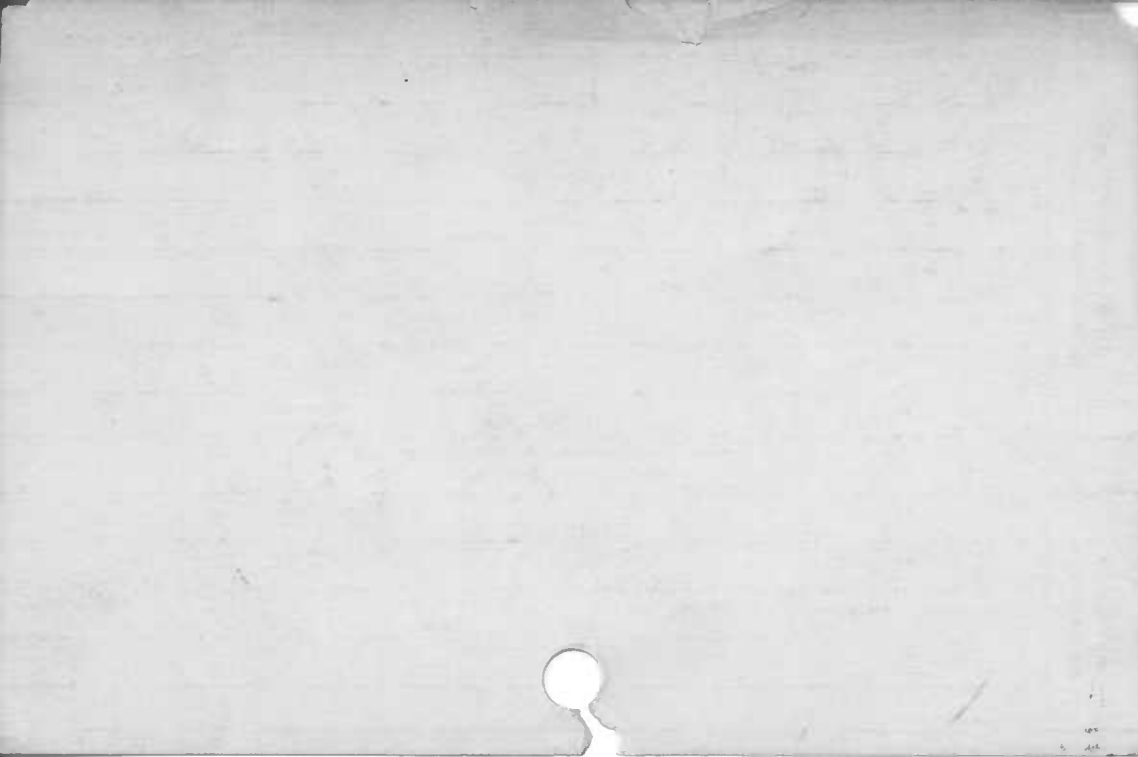
CAUSES OF DEATH

1

Primary	Typhoid fever	How long	6 Weeks
Immediate	Meningitis (Cerebral)	How long	About 4 days
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician		
	L. A. Boucher		
	Address		
	Barton Md		
Accident or Suicida			

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Martha Shuck* Town *Cumberland* County *Alleg* MARYLAND

Died at *Cumberland* *Alleg*

Date of death 190 *9* *Apr.* *13* Age *65* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Martinsburg, W. Va.*

Occupation *house wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Chas H Shuck*

Father's Name *John V. Lane* Father's Birthplace *W. Va*

Mother's Maiden Name *Elizabeth Linton* Mother's Birthplace *md*

Name of person giving Information *Mrs Sarah Campbell* How related to deceased *Sister*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

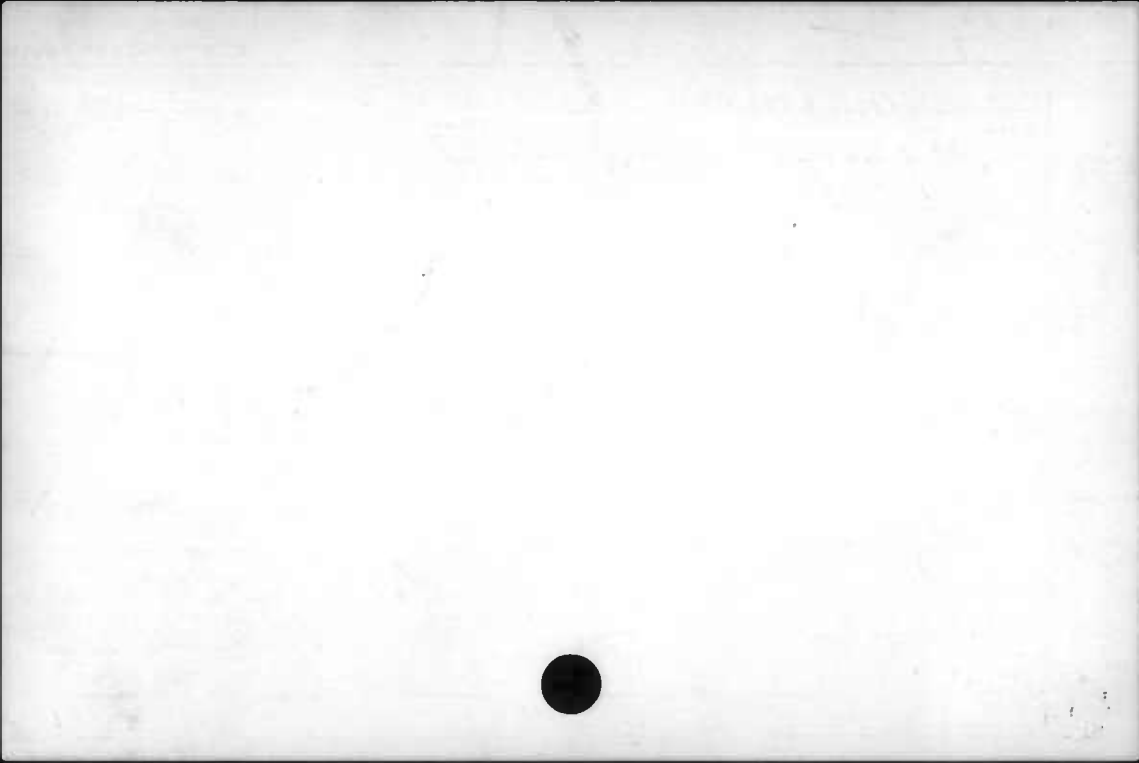
Primary *Influenza* How long *8 1 week*

Immediate *Exhaustion* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. Leo Frankler*

Steno Address *Cumberland, Md*

Accident or Suicide *—* *Frankler*



Name
in
Full

CERTIFICATE OF DEATH

Frank Skelly

Town

County

MARYLAND

Died at

Pinto md

allagany

Date

of death

1909

Month

4

Day

9

Age

Years

17

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

W va

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Ab's Skelly

Father's
Birthplace

Pa

Mother's
Maiden Name

Susan Miller

Mother's
Birthplace

W va

Name of person giving
Information

John Skelly

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Pneumonia

How long

4 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

*Provalantz
Alaska*

Address

Accident or Suicide

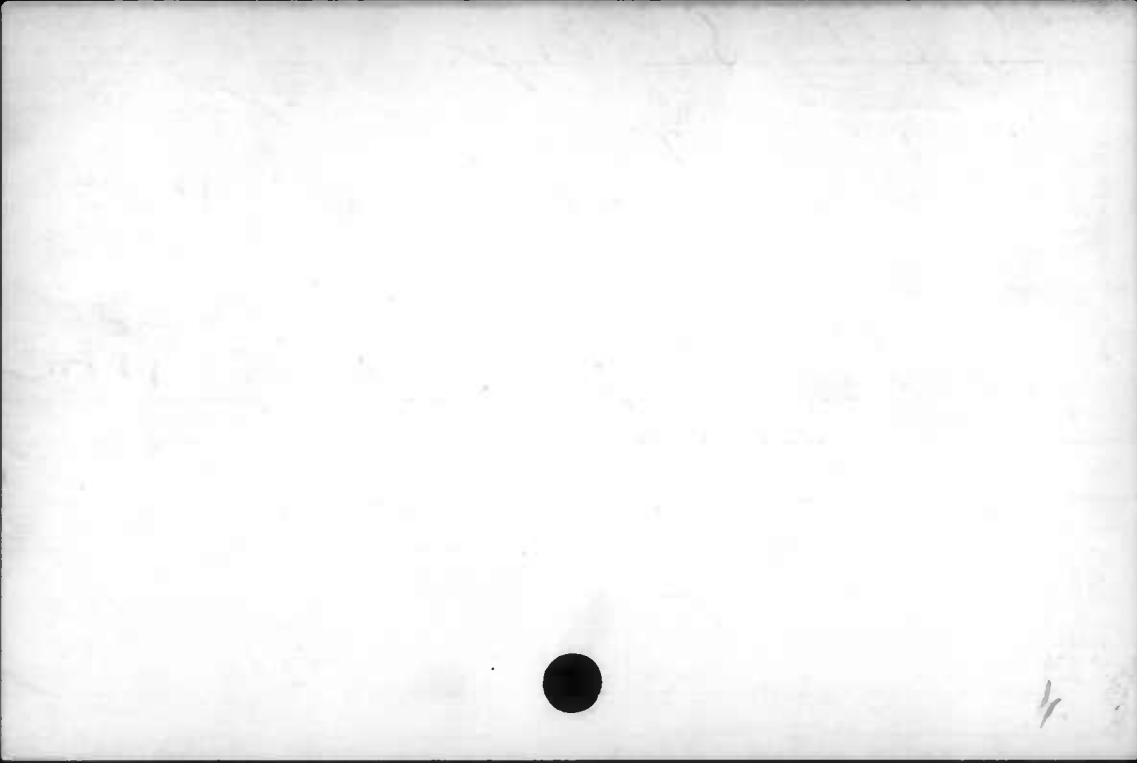
Pinto

W va

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Mary Quail Skilling

Town *Longmire* County *Alligum* MARYLAND

Died at *Longmire*

Date of death 190 *9* Month *April* Day *6* Age *80* Years Months *8* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *Housewife* Where Raiding if not at place of death

Married, Single or Widowed *Married* Name of *Dr. J. D. Skilling* Husband

Father's Name *Thomas Quail* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Walker* Mother's Birthplace *"*

Name of parson giving Information *J. J. D. Skilling* How related to deceased *Husband*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

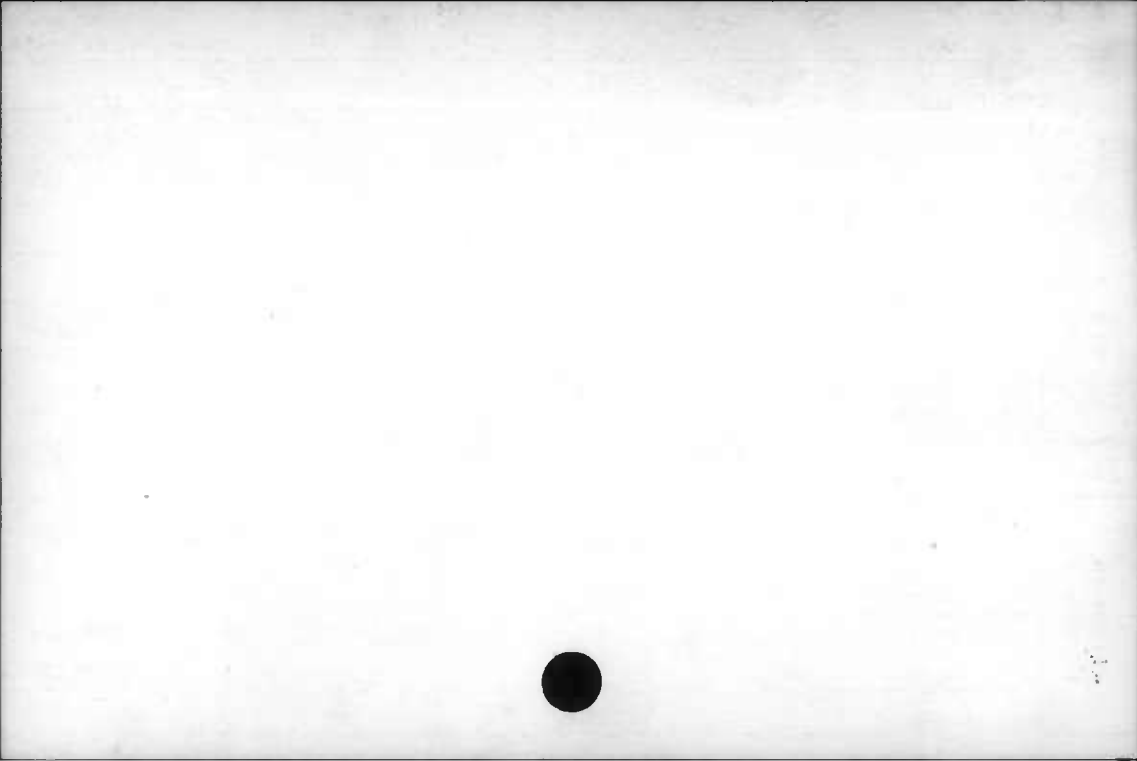
Primary *Acute indigestion complicated with infection of lungs* How long *12 to 13 days*

Immediate *Cerebral hemorrhage* How long *Three hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. D. Skilling M.D.* Address *Longmire*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Smith* Town *Cumberland* County *Allegheny* MARYLAND
Died at *Cumberland* *Allegheny*
Date of death 1909 *Apr* *7* Age *68* Month *—* Days *—*
Sex *Female* Color or Race *White* Birth-place *Scotland*
Occupation *Home Keeper* Where Residing if not at place of death *—*
Married, Single or Widowed *Widow* Name of Wife or Husband *Robert Smith*
Father's Name *James Crawford* Father's Birthplace *Scotland*
Mother's Maiden Name *Elizabeth McKiever* Mother's Birthplace *Scotland*
Name of person giving Information *Robert Smith* How related to deceased *Home*

CAUSES OF DEATH

Primary *Cause of liver*
exhaustion
Immediate *—*

How long *2 years*
How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

James T. Johnson, M.D.
Cumbe Land Md
Johnson

Accident or Suicide

Robert City

Mrs Rags Schmokin Pa

" David Williamtown Pa

" Deibel City

— Geo W "

— James "

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ms. Jane Speir* Town *Lonaconing* County *Alligany* MARYLAND

Died at *Lonaconing* Date of death 190 *9* Month *April* Day *17* Age *73* Years Months *5* Days *7*

Sex *Female* Color or Race *White* Birthplace *Scotland*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Hugh Speir (deceased)*

Father's Name *Unknown* Father's Birthplace *Scotland*

Mother's Maiden Name *Jane Caldwell* Mother's Birthplace *Scotland*

Name of person giving Information *Andrew Speir* How related to deceased *Son*

CAUSES OF DEATH

Primary *Carcinoma of Rectum* How long *One year*

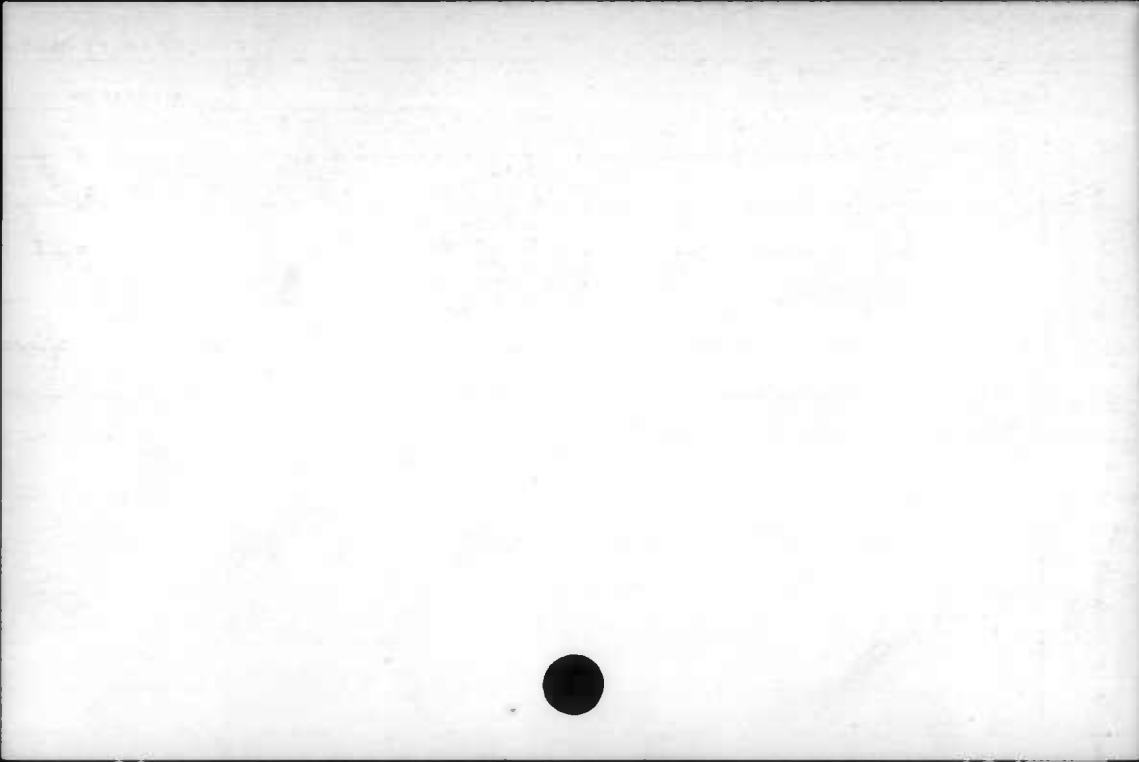
Immediate *Infection* How long *Three months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. B. Skilling M.D.* Address *Lonaconing*

Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

Blanche Estell Springs

CERTIFICATE OF DEATH

Died at

Cumberland

Town

County

MARYLAND

Date

of death 1909

Month

April

Day

21

Years

Age 27

Months

8

Days

3

Sex

Female

Color or
Race

White

Birth-
place

N. Va.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Charles A. Springs

Father's
Name

James Simmons

Father's
Birthplace

W. Va.

Mother's
Maiden Name

Mollie West

Mother's
Birthplace

W. Va.

Name of person giving
Information

Chas A. Springs

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

2 yrs

Immediate

Exhaustion

How long

1 wk

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. L. Broadnax

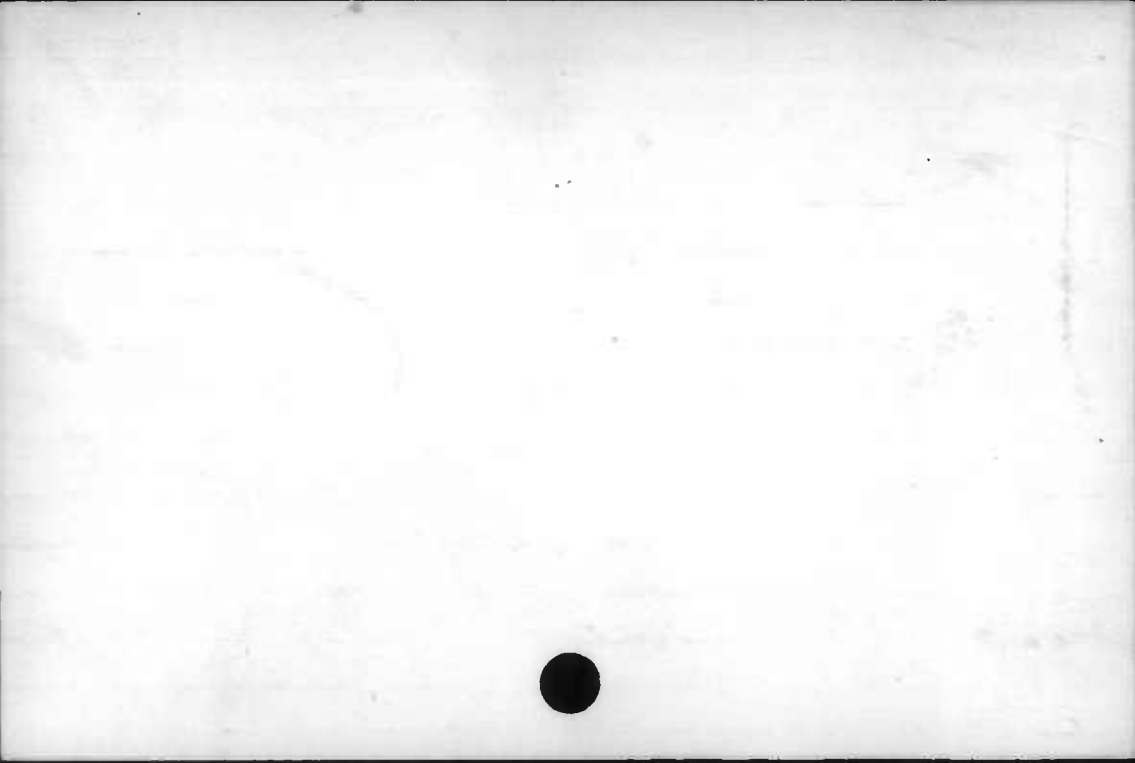
Address

Cumberland

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Daniel Siversney*

Town *Lonaconing* County *Alleghany* MARYLAND

Died at *Lonaconing*

Date of death 190 *9* Month *April* Day *14* Age *5-9* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Scotland*

Occupation *Miner* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife *Margaret Coburn*

Father's Name *John Siversney* Father's Birthplace *Ireland*

Mother's Maiden Name *Matilda O'Donnell* Mother's Birthplace *"*

Name of person giving Information *John Siversney* How related to deceased *Son*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Bronchial Asthma (Miners)* How long *Some years*

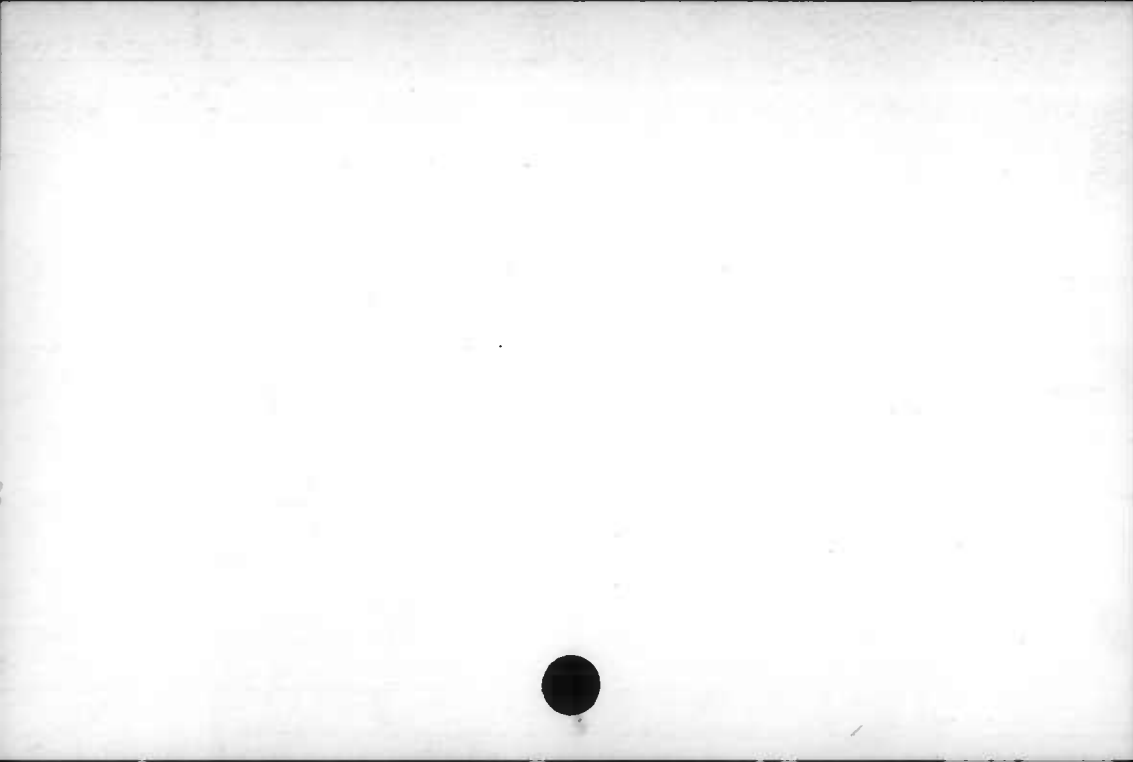
Immediate *Pneumonia* How long *Two weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. B. Skilling M.D.*

Address *Lonaconing*

Accident or Suicida *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Wrights Crossing

Town

County

Allegany

MARYLAND

Date

of death 1909

Month

4

Day

2

Age

Years

59

Months

11

Days

18

Sex

M.

Color or
Race

W.

Birth-
place

Maryland

Occupation

Miner

Where Residing if not
at place of deathMarried, ~~Single~~
or ~~Widowed~~Name of Wife or
Husband

Elizabeth Taylor.

Father's
Name

Edwin Taylor.

Father's
Birthplace

England

Mother's
Maiden Name

Jane Hindmell

Mother's
Birthplace

England

Name of person giving
information

William Ware

How related
to deceased

Not in law.

CAUSES OF DEATH

93

Primary

Pneumonia

How long

1 week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

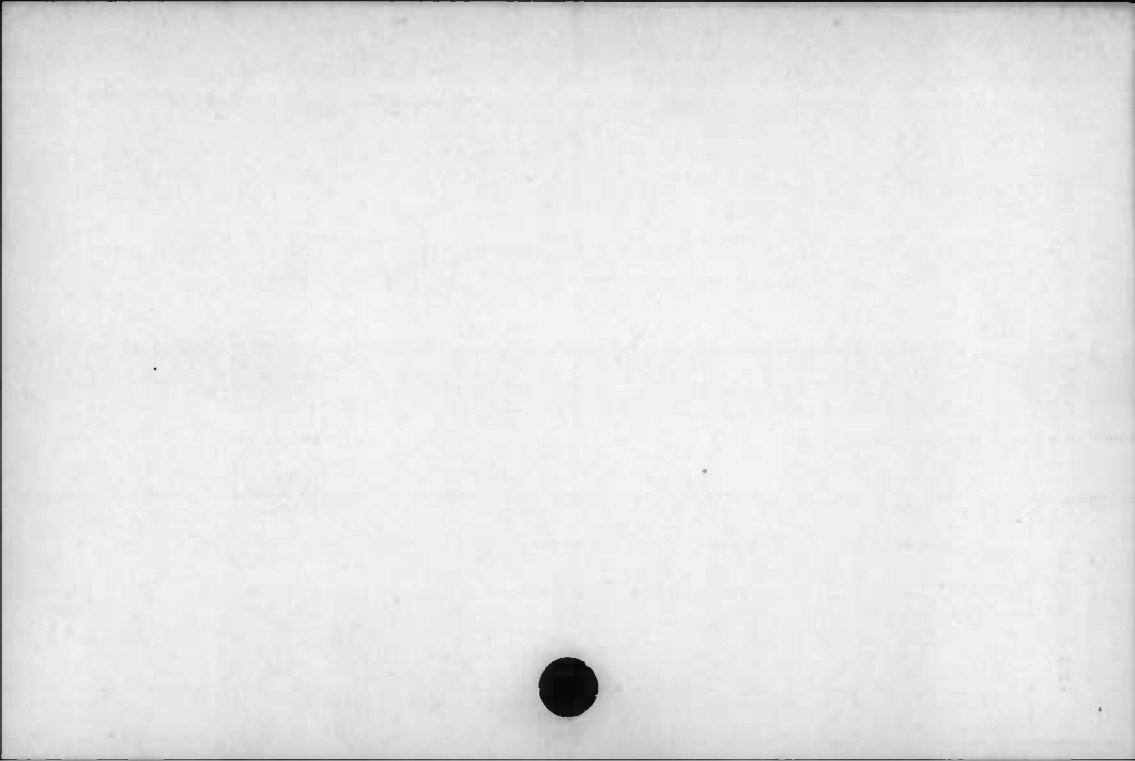
Yes.

Signature of
Physician

Address

Dr. W. M. Lane
Hartburg, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

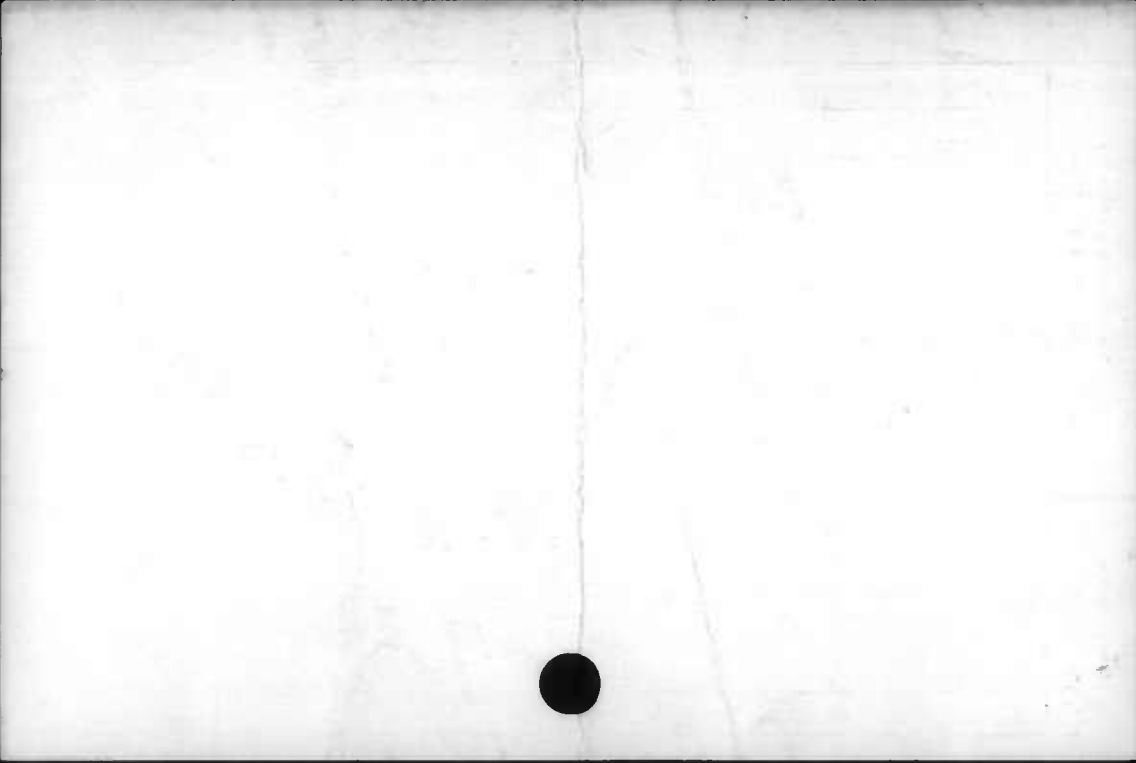
Died at <i>Cumberland</i> ^{town} <i>Allegany</i> ^{County}		MARYLAND	
Date of death 190 <i>April</i> ^{Month} <i>6</i> ^{Day}	Age <i>59</i> ^{Years}	Months <i>7</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Occupation <i>Retired</i>	Where Residing If not at place of death <i>Frostburg, Md.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>George Tennant</i>	Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Marion Percy</i>	Mother's Birthplace <i>Scotland</i>		
Name of person giving Information <i>Mrs. John Davis</i>	How related to deceased <i>Sister</i>		

CAUSES OF DEATH

40

PHYSICIAN
OR CORNER

Primary <i>Cancer Stomach extension</i>	How long <i>18 Mo.</i>
Immediate <i>Toxemia - Metastasis liver</i>	How long <i>5 or 6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. H. Hawkins</i>
	Address <i>Cumberland Md.</i>
Accident or Suicide <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Rhode Thomas</i>		Town <i>Moscow Mills</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Month <i>April</i>		Day <i>14</i>		Age <i>52</i> Years	
Date of death <i>1909</i>		Months <i>2</i>		Days <i>18</i>		Birthplace <i>Garnonsfaith England</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Monmouthshire</i>		Where Residing if not at place of death	
Occupation <i>Housework</i>		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace <i>England</i>	
Father's Name <i>James Thomas</i>		Mother's Maiden Name <i>Elizabeth Duffries</i>		How related to deceased <i>Brother</i>		Mother's Birthplace <i>England</i>	
Name of person giving information <i>Wm Thomas</i>		Name of Wife or Husband		How related to deceased		Father's Birthplace	

CAUSES OF DEATH

144

PHYSICIAN
OR CORONER

Primary <i>Gluteal Abscess</i>	How long <i>2 weeks</i>
Immediate <i>Septic Infection</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James A. Bullock M.D.</i>
	Address <i>Lanesburg Mo</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Cecil Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Barton ^{Town} Alleghany ^{County} **MARYLAND**

Date of death 1909 April ^{Month} 3 ^{Day} Age 3 ^{Years} 7 ^{Months} 9 ^{Days}

Sex Male Color or Race white Birth-place Allegh Co

Occupation ✓ Where Residing if not at place of death ✓

Married, Single or Widowed ✓Name of Wife or Husband ✓Father's Name Michael ThompsonFather's Birthplace Allegh. CoMother's Maiden Name Maggie BoalMother's Birthplace Allegh. CoName of person giving Information Michael ThompsonHow related to deceased Father

CAUSES OF DEATH

61

Primary

Cerebro Spinal meningitisHow long 15 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. A. Boucher
BartonPHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

[Signature of Informant (6'10")]

Town Cumberland County Allegh. Maryland

Died at Allegh.

Date of death 1909 Month April Day 8 Age — Years — Months — Days 0

Sex Female Color or Race White Birth-place Ind.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name James W. Lane Father's Birthplace Pa

Mother's Maiden Name Mary B. Milson Mother's Birthplace W. Va.

Name of person giving information Mother How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

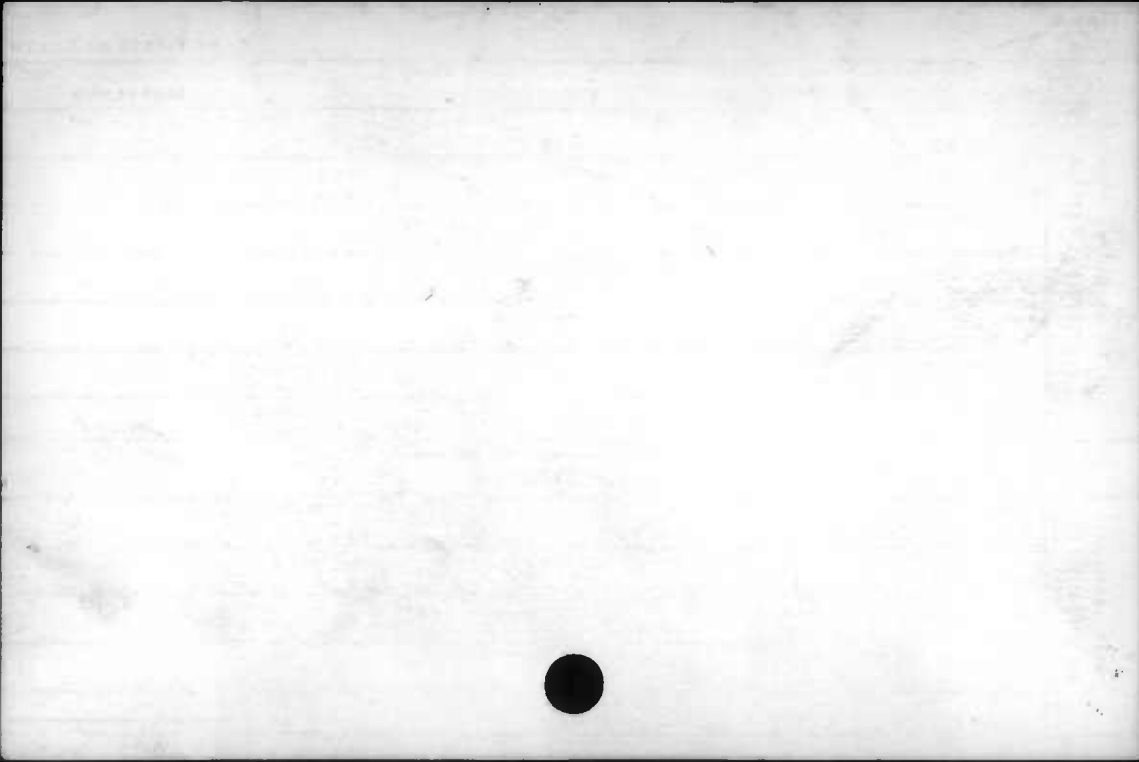
Primary Miscarriage at 6" month How long —

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Chas. H. Broadway, M.D.

Address Cumberland

Accident or Suicide No



Name
in
Full

Howard Vinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

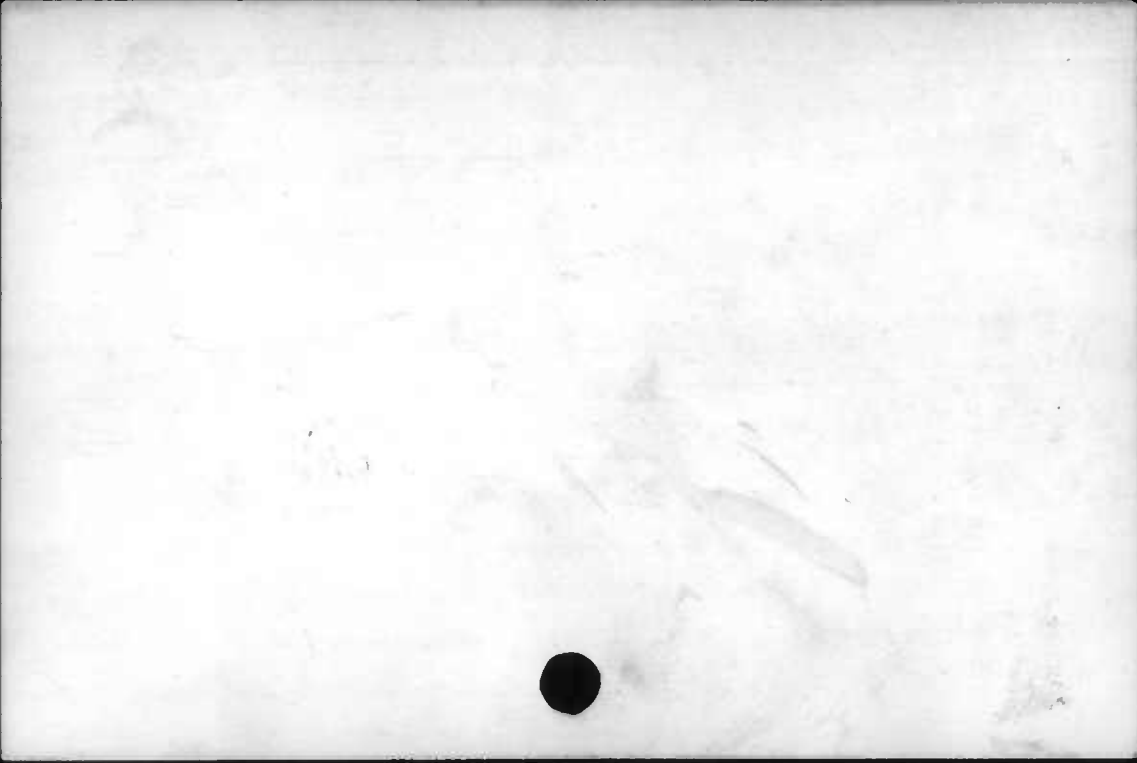
Died at Mapleside ^{Town} Allegheny ^{County} MARYLAND
 Date of death 1909 ^{Month} Apr ^{Day} 29 ^{Age} — ^{Years} 11 ^{Months} — ^{Days}
 Sex Male Color or Race White Birth-place Ma
 Occupation none Where Residing if not at place of death —
 Married, Single or Widowed Single Name of Wife or Husband —
 Father's Name John Vinson ✓ Father's Birthplace Pa
 Mother's Maiden Name Blara Hirschburger Mother's Birthplace Ma
 Name of person giving Information John Vinson How related to deceased Father

CAUSES OF DEATH

61

Primary Cerebro-Meningitis How long 5 days
 Immediate Double lobar Pneumonia How long 11 day
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Edward Harris
Stear Address Cumherland
260 Bond.
 Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1909

Month

Day

Age

Years

Months

Days

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

~~7-7-6~~
~~Bailler)~~

Name
in
Full

Hellen Wegman

CERTIFICATE OF DEATH

Died at Cumberland Allegheny MARYLAND
 Date of death 1909 April 4 Age 59 -
 Month Day Years Months Days

Sex Female Color or Race White Birth-place Pottstown Pa

Occupation House Wife Where Residing if not at place of death -

Married, Single or Widowed Married Name of Helen Wegman Husband

Father's Name Francis Anthony Harry Father's Birthplace Germany

Mother's Maiden Name Doratha Worn Mother's Birthplace Germany

Name of person giving Information Helen Wegman How related to deceased Husband

CAUSES OF DEATH

Primary Carcinoma of Stomach How long One year
 Immediate Exhaustion How long Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician F. N. Lightman

Stem Address Cumberland Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>National</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>4</i>	Age <i>48</i> Years	Months <i>11</i> Days <i>3</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Detroit Mich -</i>		
Occupation <i>Physician</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Addie Strauss -</i>			
Father's Name <i>Robert J. White</i>		Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Mary Louise Taylor</i>		Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Dr. A. J. Smith</i>		How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary <i>Alcoholism Exposure</i>	How long <i>Seven months</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. C. Bullock M.D.</i>
	Address <i>Sonoma, Calif</i>
Accident or Suicide? <i>no -</i>	



Name
in
Full

Moria Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Midlothian</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	1909	Month	April	Day	19
Age	84	Years	11	Months	6
Sex	Female	Color or Race	White	Birthplace	Monmouthshire <i>South Wales</i>
Occupation	House Wife	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband <i>David Williams</i>			
Father's Name	<i>Henry Johns</i>	Father's Birthplace <i>South Wales</i>			
Mother's Maiden Name	<i>Mary Johns</i>	Mother's Birthplace <i>South Wales</i>			
Name of person giving information	<i>David Williams</i>	How related to deceased <i>Son</i>			

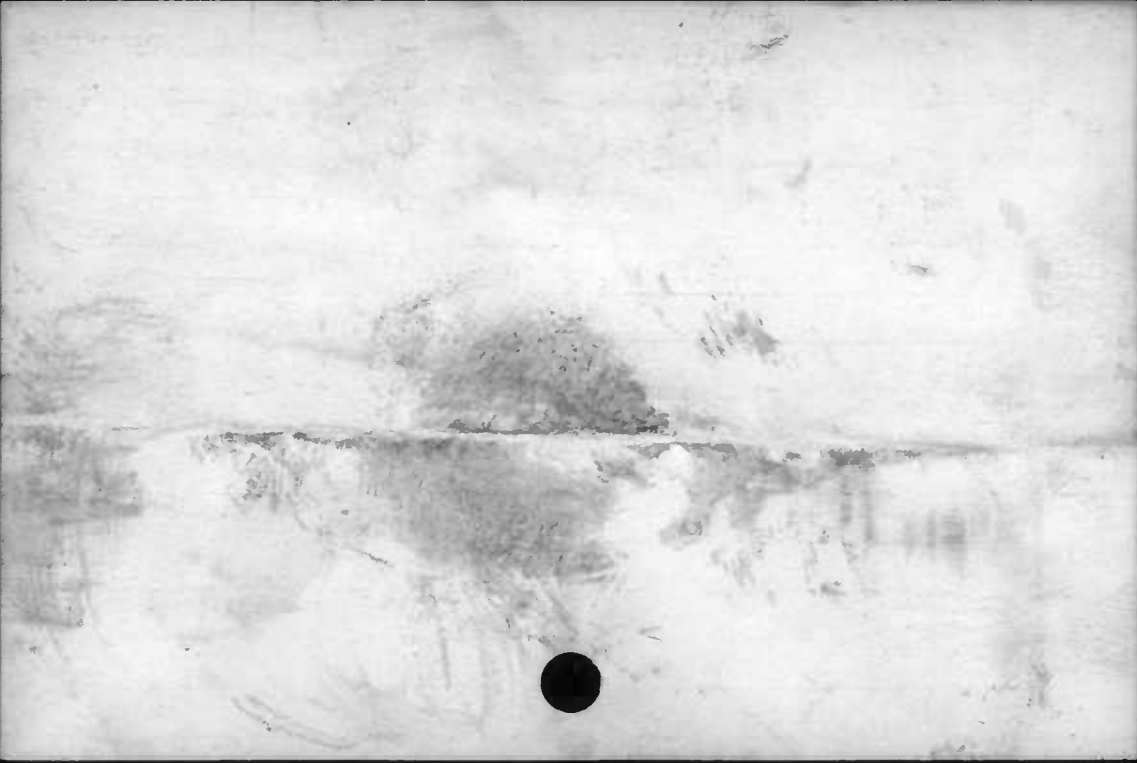
CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Semile Decline</i>	How long	<i>2 years</i>
Immediate	<i>Heart Failure</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	<i>Frank L. Clymer M.D.</i>
		Address	<i>Midlothian Allegheny Co.</i>
Accident or Suicide?			

1



Name
in
Full

CERTIFICATE OF DEATH

Tracey Kellar Wingate

Died at ^{Town} Cumberland ^{County} Allegany MARYLAND

Date of death 1909 ^{Month} Apr ^{Day} 8 Age ^{Years} 1 ^{Months} 1 ^{Days} -

Sex Male Color or Race White Birth-place Cumberland

Occupation none Where Residing if not at place of death -

Married, Single or Widowed Single Name of Wife or Husband -

Father's Name Wm J Wingate ✓ Father's Birthplace Harperfield Va

Mother's Maiden Name Bertie Kellar ✓ Mother's Birthplace W. Va

Name of person giving information Wm J Wingate How related to deceased Father

CAUSES OF DEATH

92

Primary Bronchial Pneumonia How long 14 days

Immediate Exhaustion + Relapse How long 14 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr F L B. Carls

Address [Redacted] Cumberland

Accident or Suicide Horse farm man

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Harper's Ferry.

Jefferson Co.

W. Va.

Name
in
Full

Name Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barton</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death	1909	Month	<i>April</i>	Day	8
Age			Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Alleghany Co</i>
Occupation	<i>—</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>—</i>	Father's Birthplace		<i>—</i>	
Mother's Maiden Name	<i>—</i>	Mother's Birthplace		<i>—</i>	
Name of person giving Information	<i>None given</i>		How related to deceased <i>—</i>		

CAUSES OF DEATH

153

Primary *Wilful Exposure*

Immediate

How long

How long

Are the name, age, sex, color, date and place correctly given above? *—*

Signature of Physician

Address

A. A. Boucher
Barton, Md

Accident or Suicide

201

